Michigan Office of Finance and Insurance Services

Analysis of Michigan Medical Professional Liability Insurance Claims

January, 2007

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Charts & Figures

* For these figures, two charts are presented, Figure A is indemnity severities and Figure B is allocated loss adjustment expense severities.

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EXECUTIVE SUMMARY

For the third time in the last thirty years the U.S. medical professional liability insurance industry recently found itself engulfed in a self-described "crisis" in many states. A variety of symptoms have often been attributed to this crisis including:

1. an increase in the number and magnitude of large settlement claims
2. a deterioration in the operating results of medical professional liability insurers that has led to a significant number of insolvencies, withdrawals, and rating agency downgrades
3. a reduction in coverage availability due to fewer insurers providing coverage to new insureds
4. an dramatic escalation in the premiums healthcare providers are paying for medical professional liability insurance; particularly in some states, regions within states and physician specialties
5. a reduction in patients access to care in certain geographic areas (states and rural areas), and treatments/procedures (e.g. labor and delivery, mammograms, trauma centers)
6. an increase in leading-edge medical diagnostic and treatment technologies that initially may increase the risk of both negative outcomes and misdiagnoses
7. a societal trend toward a sense of entitlement to compensation for negative medical outcomes, sometimes with little regard to the performance of the provider.

There is no consensus on the magnitude of each of these symptoms and its materiality. There is even more divergence of opinion regarding the root causes of these symptoms. The one area that the vast majority of the parties involved in medical professional liability would agree on is that the current system is incredibly inefficient and in need of significant improvement.

One common tool being used to assess market conditions and potential remedies is state closed claim databases that have been developed as a result of frustration over the lack of available, credible claims databases during previous crises. Michigan is fortunate in that healthcare providers and medical professional liability insurers have been required to submit claims information since 1975.

This primary goal of this assignment was to develop a database containing the most recent years' reported and closed claim information and analyze the resulting database of Michigan medical malpractice claims for trends in claim frequencies and severities. The data, charts, graphs, statistical analyses and explanations in this report should equip policymakers with a foundation of comprehensive, unbiased, and understandable information on which to base their decisions.

Significant findings and trends are summarized below:

- Both closed and reported claim counts have steadily decreased at a significant annual rate for the period 2000-2005.
- Claims are generally being reported with a significant lag, averaging more than two years.
- The southern regions of the state, as identified by district court regions I and II are showing greater decreases in claim counts (reported and closed) than the rest of the state.
- Four of the counties with largest volume of claims (Genessee, Oakland, Saginaw, and Wayne) show significantly different frequency and severity trends among themselves.
- Claims appear to be shifting from traditional insurance to self-insurance.
- There appear to be more secondary defendants per primary defendant on closed claims.
- There appears to be a significant shift from claims closed by settlement to claims requiring a verdict to be settled.
- There appears to be a significant shift to increased allocated expenses and reduced indemnity payments, particularly on more severe injuries.
- Non-economic damages appear to be trending toward a smaller percentage of indemnity payments.
- The claim reporting system can be significantly improved by developing the capability for electronic submission of Forms A and B, development of an exposure database using available data from the medical licensing boards in the state, and retention of previous claim report data in future years.

BACKGROUND

In 1986, the Michigan Insurance Code (section 2477) was revised to require that medical professional liability insurers in the state provide detailed claim information both at the first report of a claim (Form A) and at each claims settlement (Form B). This information is required for insurers providing coverage to all health care providers licensed by the Michigan Boards of Medicine and Surgery, Osteopathic Medicine, Podiatric Medicine and Surgery, Dentistry, Optometry, and Chiropractic Medicine. The requirement also applies to insurers of hospitals and other similar entities governed by the Michigan Department of Public Health. Unfortunately, the reports are provided in paper (often hand written) format and an electronic database summarizing the data has not been developed.

The Michigan Office of Financial and Insurance Services (OFIS) issued an RFP for an actuarial consultant to convert the paper reporting forms from 2000-2005 into an electronic format and perform an analysis of claim trends in the data.

The Bureau selected Pinnacle Actuarial Resources, Inc. (Pinnacle) to assist them in developing the report. The elements specifically requested in the study included:

- Quantify the initial reports of court action (Form A) by county, specialty and year;
- Total number of closed claims, indemnity and allocated expense payments on closed claims, by year;
- Length of time from date of injury to date of closure;
- Number of claims closed by closure period;
- Claim severities by settlement lag;
- Closed claims by closure year;
- Closed claims by type of resolution;
- Allocated expenses by time interval between dates of injury and case closure;
- Closed claims by severity of injury;
- Closed claims experience by county;
- Closed claims experience by region (upper peninsula plus four quadrants of lower peninsula;
- Closed claims experience by age;
- Closed claims experience by injury;
- Closed claims by type of service, including birth-related injuries;
- Closed claims by source of medical expense payment (self-insured, Medicare, PPO, Medicaid, etc.);
- Graphs indicating any identifiable trends from 2000-2005;

The Bureau also requested that Pinnacle provide input on the quality of the data reported, overlaps between the information provided and the National Practitioner Data Bank and potential enhancements to the reporting forms/system.

The ***Discussion & Analysis*** section of the report has been organized into four main sections:

- Reported Claim Counts
- Closed Claim Counts
- Closed Claim Severities
- Evaluation of Claim Reporting Forms

DATA SOURCES

Easily the most valuable data available to legislators and other policymakers and stakeholders involved in medical professional liability insurance is a statewide closed claim database. Data sets of this type have been used effectively in several states for many uses including the analysis of medical malpractice claims trends, crisis conditions and costing proposed legislation and the impact of implemented laws.

Many states, such as Oregon, Florida, and Maine, have followed a template developed by the National Association of Insurance Commissioners (NAIC) in the mid 1970s. This form was developed to collect data on closed claims only and contained a significant amount of information about the health care provider (e.g. name, specialty, location county, zip code), the injured patient (age, sex), the incident (date, location, procedure, nature of complaint), the claim process (report date, settlement date, lawsuit date, attorney involvement, arbitration) and the settlement (paid indemnity (economic versus non-economic), loss adjustment expense, insurance limits).

Michigan's form is superior to the NAIC standard in several ways. First, Michigan collects data on the initial report of a claim. Second, Michigan collects several fields not in the NAIC template. A list of fields contained in the Michigan forms follows.

Michigan Medical Professional Reported Claims Database (Form A)
Database Specifications

Reported Claim Database – Claim level data

Identifying Fields
Insured Name
Insured License Number
Insured Profession
Insured Specialty
Other Defendants Involved (Y/N?)
Number of Defendants Involved
Date of Incident
Date of Complaint Filed
Nature of Complaint
County Code Number

Court Identification (District or Circuit)
Court ID
NAIC Insurance Company Code

Michigan Medical Professional Closed Claims Database (Form B)

Database Specifications

1. Claim Database – Claim level data

Identifying Fields
Insured Name
Insured License Number
NAIC Insurance Company Code
Court or Arbitration ID
County Code Number
Plaintiffs Name
Insurance Type (Insurance vs. Self-insurance, Occurrence vs. Claims-Made)
Date of Incident
Date of Complaint Filed
Date of Claim Report
Date of Claim Closure
Injured Party Age
Injured Party Sex
Injured Party Type (Patient/Other)
Medical Expense Payor (Medicare, Medicaid, Health Insurance, Other, Unknown)
Resolution of Claim
Nature of Complaint/Injury Type
Location of Injury
Severity of Injury
Hospital Involvement (Y/N)
Hospital Employee Involvement (Y/N)

Numeric Fields
Allocated Loss Adjustment Expense Amount
Award Amount (Indemnity)
Award Amount (Economic)
Award Amount (Non-Economic)
Award Amount (Indemnity, All Parties)
Award Amount (Indemnity, Uninsured Codefendants)

This data has been compiled by Pinnacle into an electronic format. The data was then tested for reasonableness and consistency and "scrubbed" to correct for typographical errors during data entry. Pinnacle's analysis is then based on the database that was created.

DISCUSSION & ANALYSIS

The analysis in this report is broadly organized into four main categories of analysis:

- Reported Claim Counts
- Closed Claim Counts
- Closed Claim Severities
- Evaluation of Claim Reporting Forms

The results of each section of analysis will be discussed separately.

Reported Claims Counts

The Form A documents delivered by OFIS to Pinnacle were predominantly for report years 2000 through 2005. Reported claim information has an advantage over closed claim data in that in a given year reported claims tend to relate to more recent claim incidents than closed claim, thus representing more current claim incident trends. Reported claim data has the disadvantage that it cannot reflect the ultimate disposition of claims the way that closed claims can. However, reported claim information can be viewed as a leading indicator of closed claims experience.

Reported Claims by Year

The first analysis we performed was simply a summarization of reported claims by year. We have summarized the data in two ways: by report year and by incident year. As you can see in Exhibit 1, the vast majority of the portfolio of 5,875 reported claims we received from OFIS were reported to insurers in 2000-2005. With the significant exception of report year 2004, reported claims for the period show a material and steady decreasing trend. For the period 2000-2005 this trend is approximately a 13.2% annual decrease from over 1,100 claims to less than 600 claims. This appears to be a material improvement in the number of insured claims reported during the period.

This data is also shown graphically in Figure 1 which clearly shows the decreasing trend.

It should be noted that over 750 claims did not have year reported accurately recorded on the form.

Figure 1 – Reported Claims by Report Year

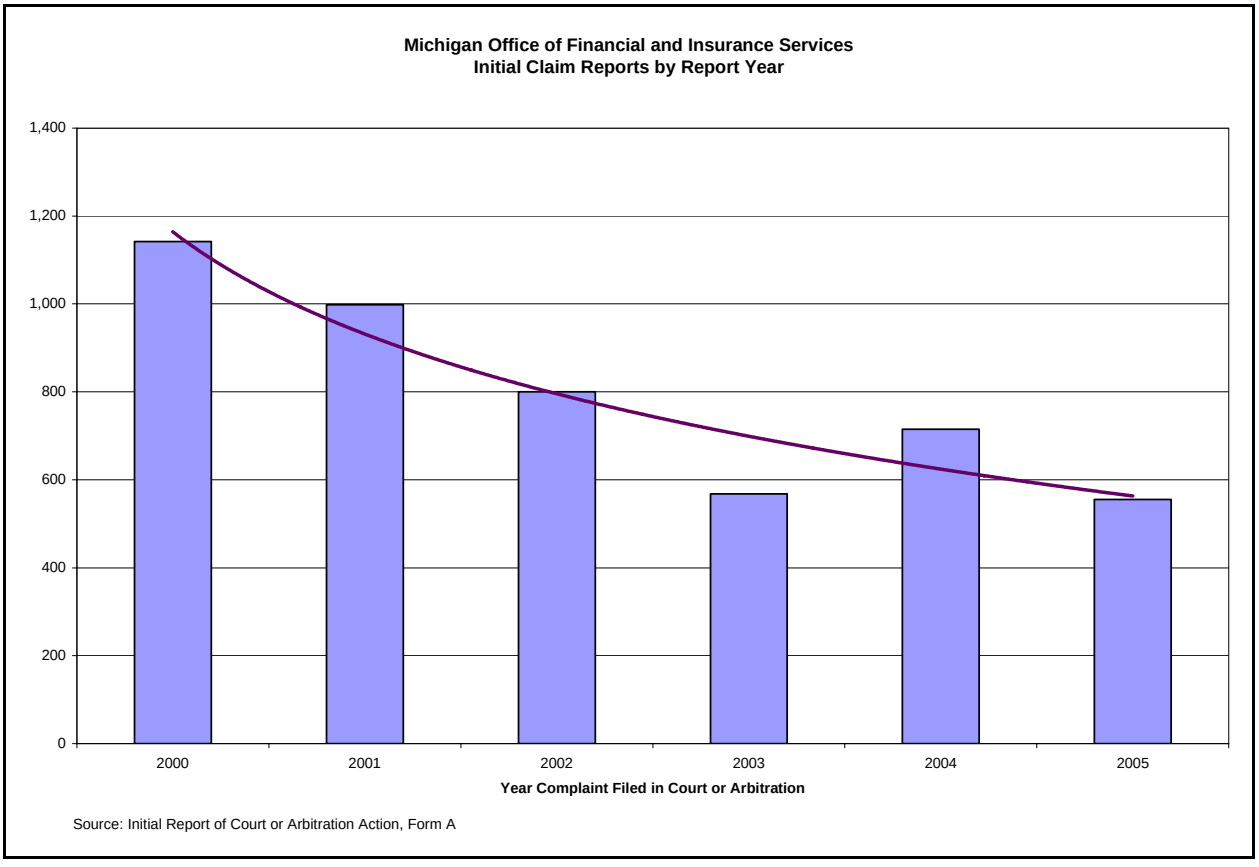
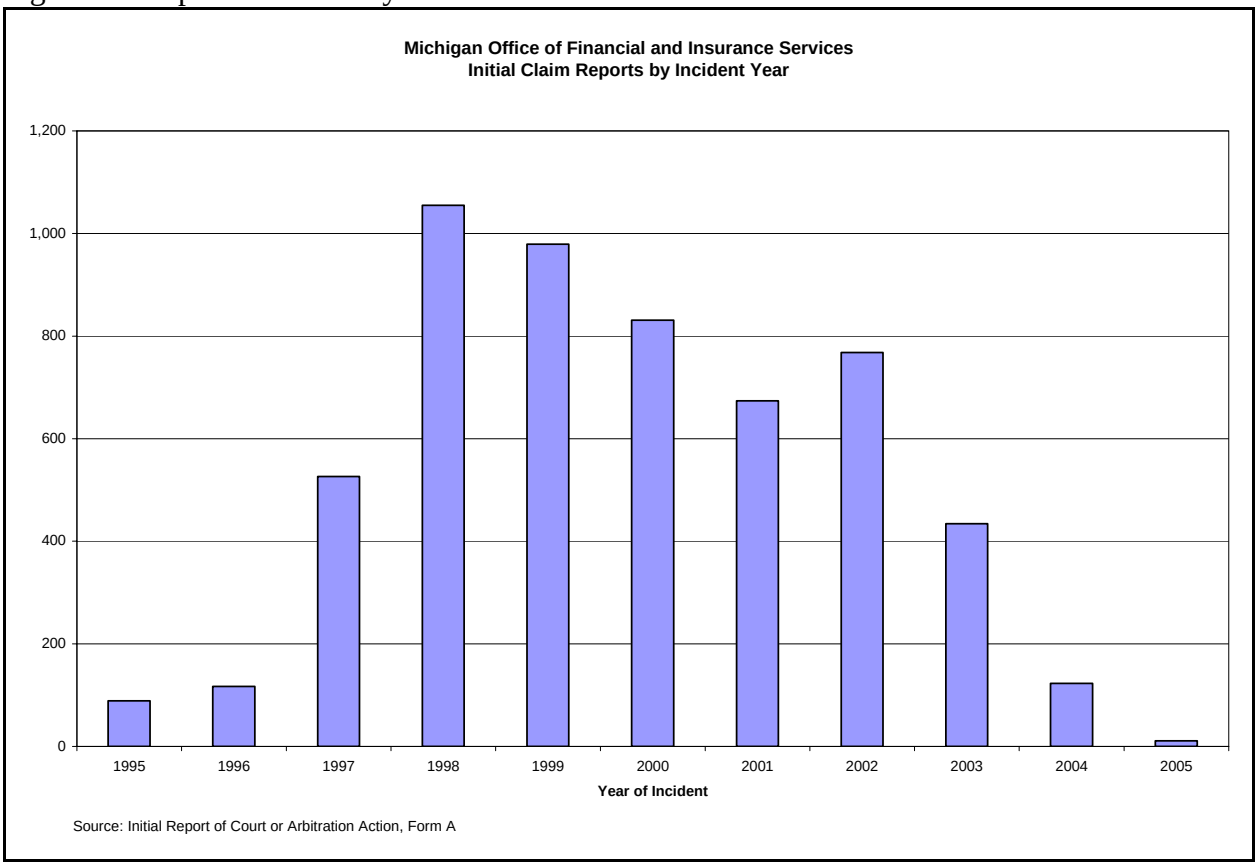


Exhibit 1 also shows the reported claims summarized by year of incident. It is noteworthy that more than half of the claims reported predominantly between 2000 and 2005 are for incidents that occurred prior to 2000. This reporting lag phenomenon will be evaluated in further detail later in the report. The reported claims organized by incident year continue to show the improvement exhibited in the summary by report year.

This data is also shown graphically in Figure 2 which clearly shows the decreasing trend.

While over 750 claims did not have year reported accurately recorded on the form, only 22 did not have incident date accurately recorded.

Figure 2 – Reported Claims by Incident Year



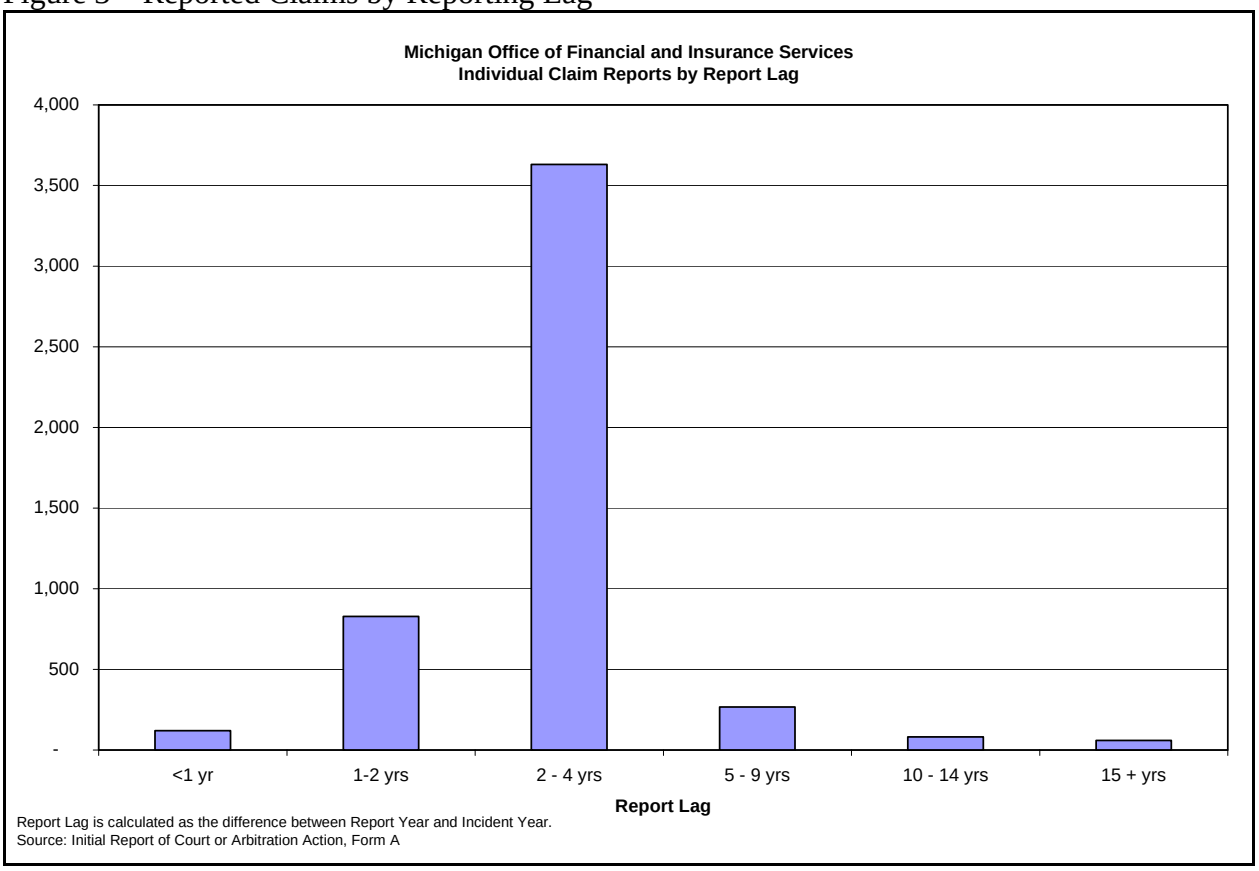
Claim Reporting Lags

To further evaluate the impact of reporting lags, our analysis computed the reporting lag for a reported claim as the difference between the incident date and the reporting date. This data is then summarized in Exhibit 2 both by profession and report lag.

Based on our analysis, it is noteworthy that the average reported claim is not reported until more than two years after the incident occurs. Dentists appear to have slightly faster incident reporting patterns while the other major profession groupings produce similar results.

Summarized results across all professions are shown in Figure 3 below.

Figure 3 – Reported Claims by Reporting Lag

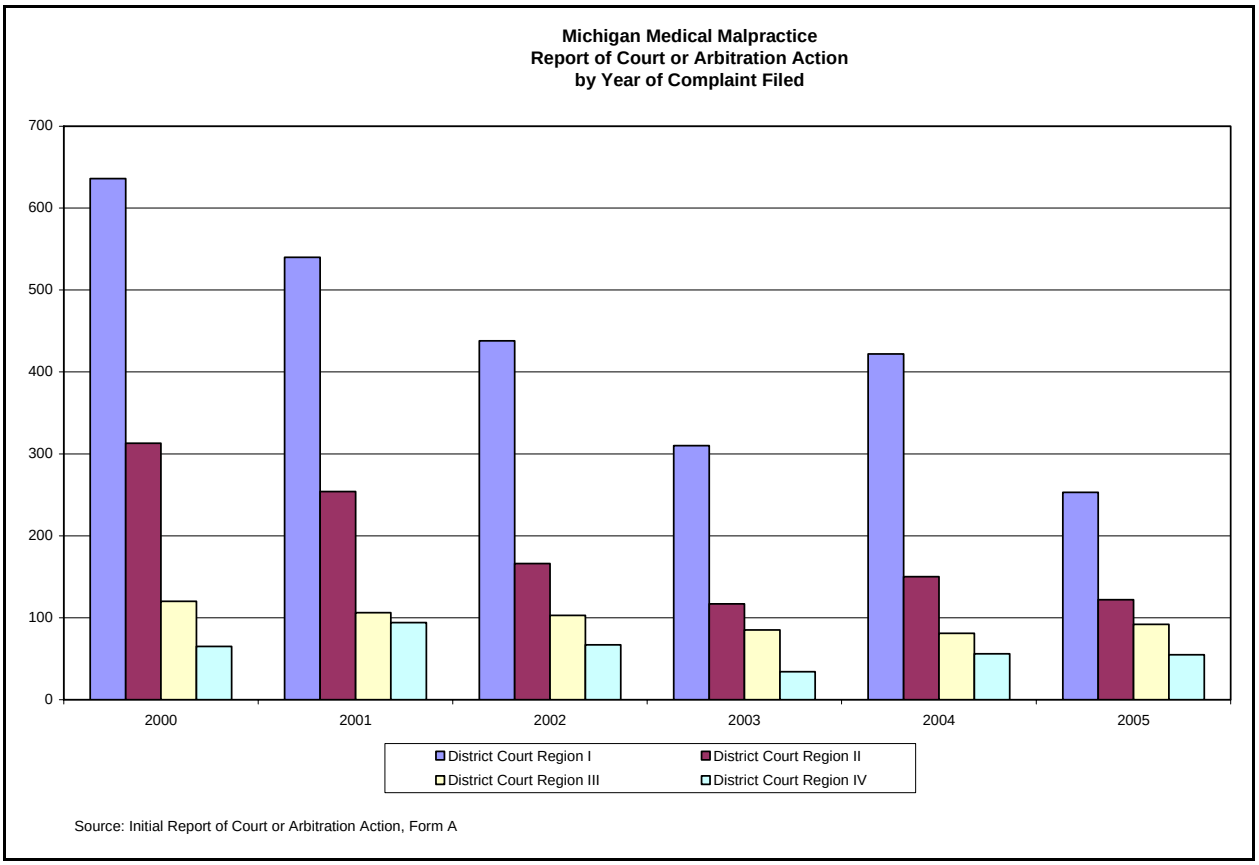


Reported Claim Trends by County

Reported claims were also summarized by report year and county. This information is summarized in Exhibit 3. Among the largest counties, Wayne, and Washtenaw counties have a claim trends similar to the statewide average while Calhoun, Ingham, Kalamazoo, Macomb, Oakland, and Shiawassee counties outperform the state average and Genessee and Saginaw do not have a great a rate of improvement.

Exhibit 4 then presents the reported claims data by county summarized by district court region. This maps the data by county into the district court regions as defined by the state of Michigan. It is noteworthy that claim counts in Regions I and II (the two southern district court regions of the state) are decreasing at a much fast rate than the statewide average. Regions III and IV (central and northern Michigan) are showing decreases in claim counts, but at a much slower annual rate. This information is graphically presented in Figure 4 below.

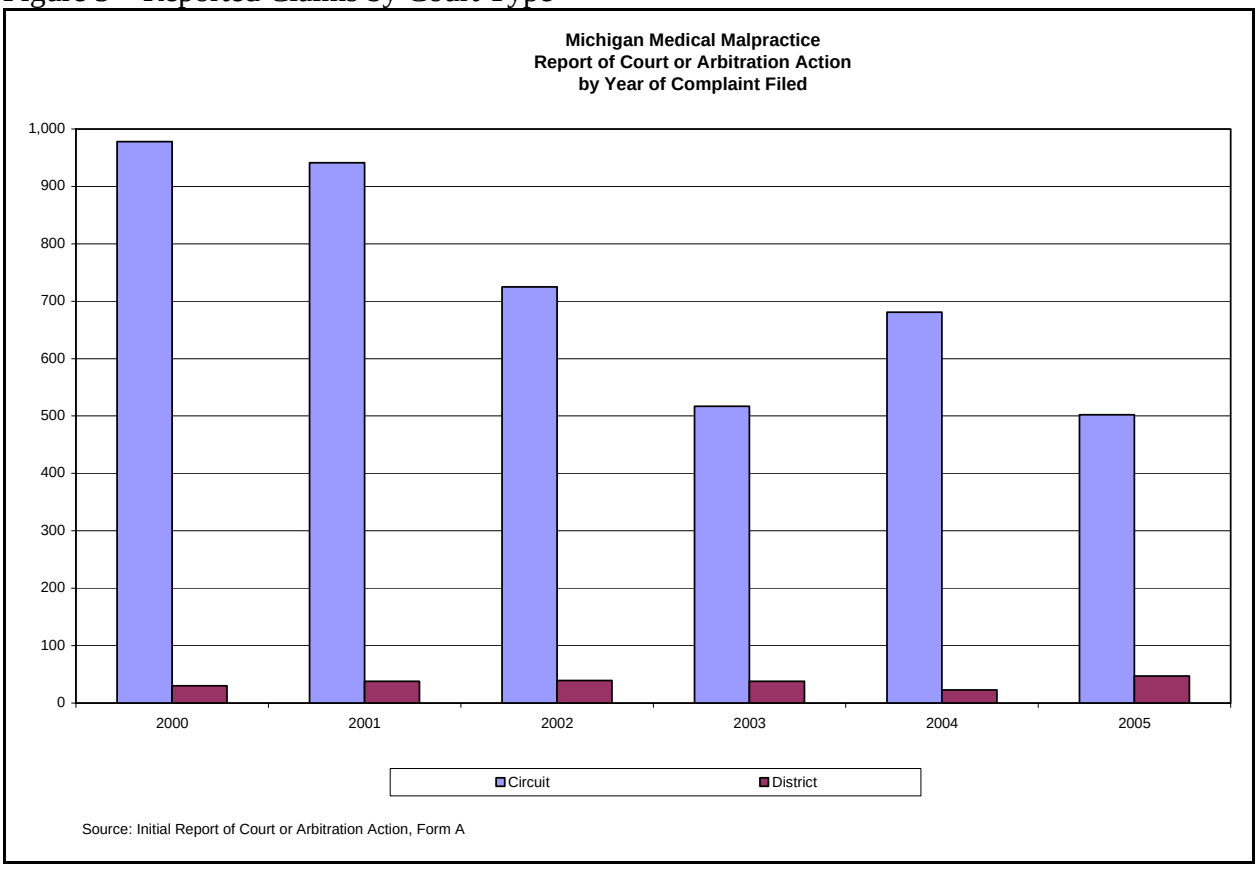
Figure 4 – Reported Claims by Regional District Court



Reported Claim Trends by Court

There are two valuable metrics contained in Form A related to the courts: forum (that is circuit versus district courts) and region. Exhibit 5 summarizes the data by report year and forum. Interestingly, the use of district courts actually increased slightly over the period 2000-2005 while the number of claims in circuit courts decreased. It is also worth noting that almost 20% of the claims did not have a valid entry in this field. This could be for several reasons including: the lawsuit had not been filed as of the transmission of Form A, a lawsuit was not going to be filed, or miscoding errors. Figure 5 summarizes these results.

Figure 5 – Reported Claims by Court Type

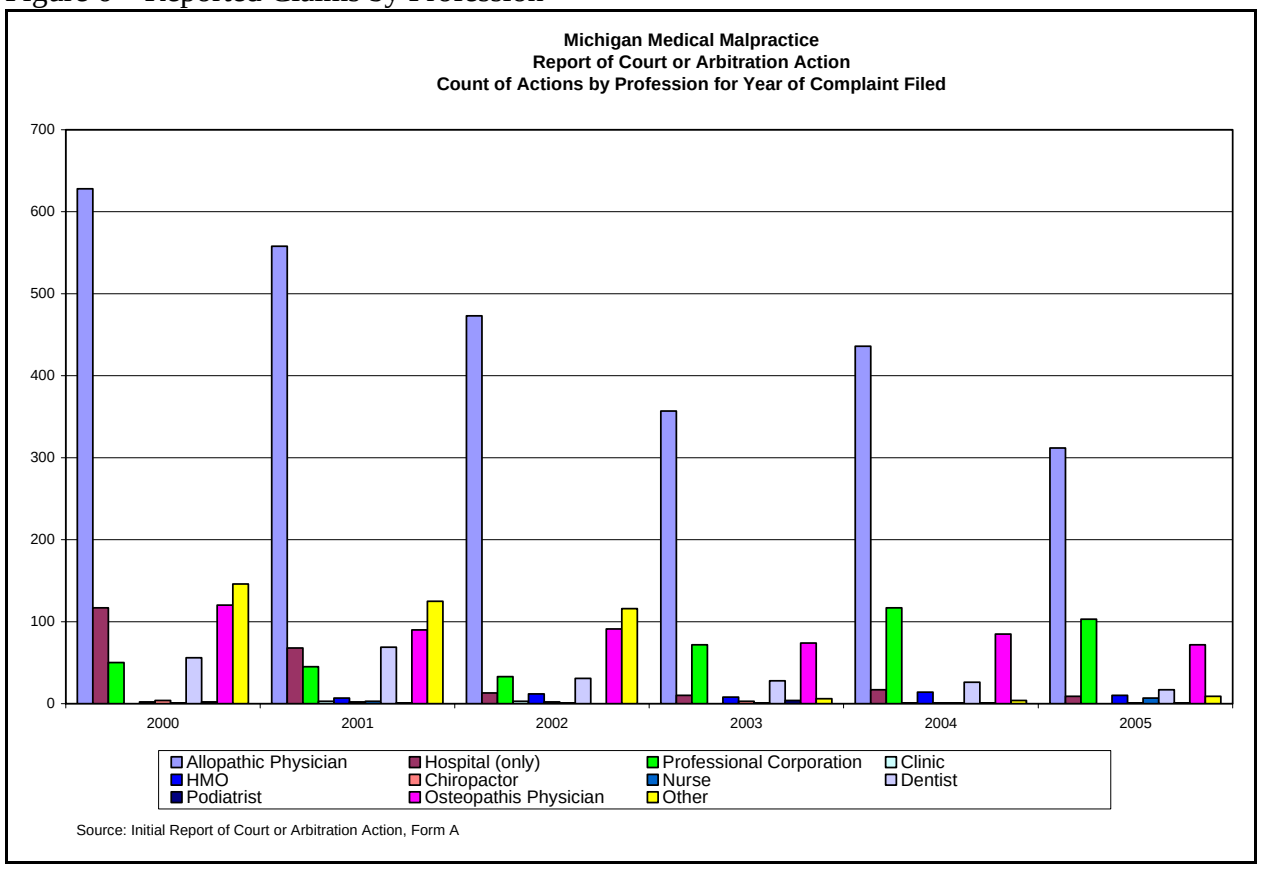


Reported Claim Trends by Health Care Provider Profession

Another important characteristic captured in Form A is the profession of the health care provider involved in the claim. This information is summarized in Exhibit 6 and shown graphically below in Figure 6. For professions with a significant amount of claims volume there are several noteworthy results. Dentists show a significant reduction in reported claims, much greater than the statewide trend. So too do Hospitals, when only the hospital is named. This may have to do with trends in secondary defendants discussed later in the report.

There is a significant increase in claims against professional corporations. The dramatic change in reported claims classified as "other" professions almost has to be due to a coding change. The most likely suspect the roughly coincident increase in "professional corporation" claims.

Figure 6 – Reported Claims by Profession



Reported Claim Trends by Injury/Nature of Complaint

Exhibit 7 summarizes the reported claims data by injury type or nature of complaint. A better than average improvement in claims due to "surgery technique" would suggest improvements in loss prevention and safety measures in surgeries in the state. Interestingly, there does not appear to be an increase in claim frequencies due to misdiagnosis as has been seen in other states; although the "delay in diagnosis" category does not show claim counts decreasing at as fast a rate as the statewide average. The increase in vicarious liability claims is also interesting, albeit on a limited number of claims.

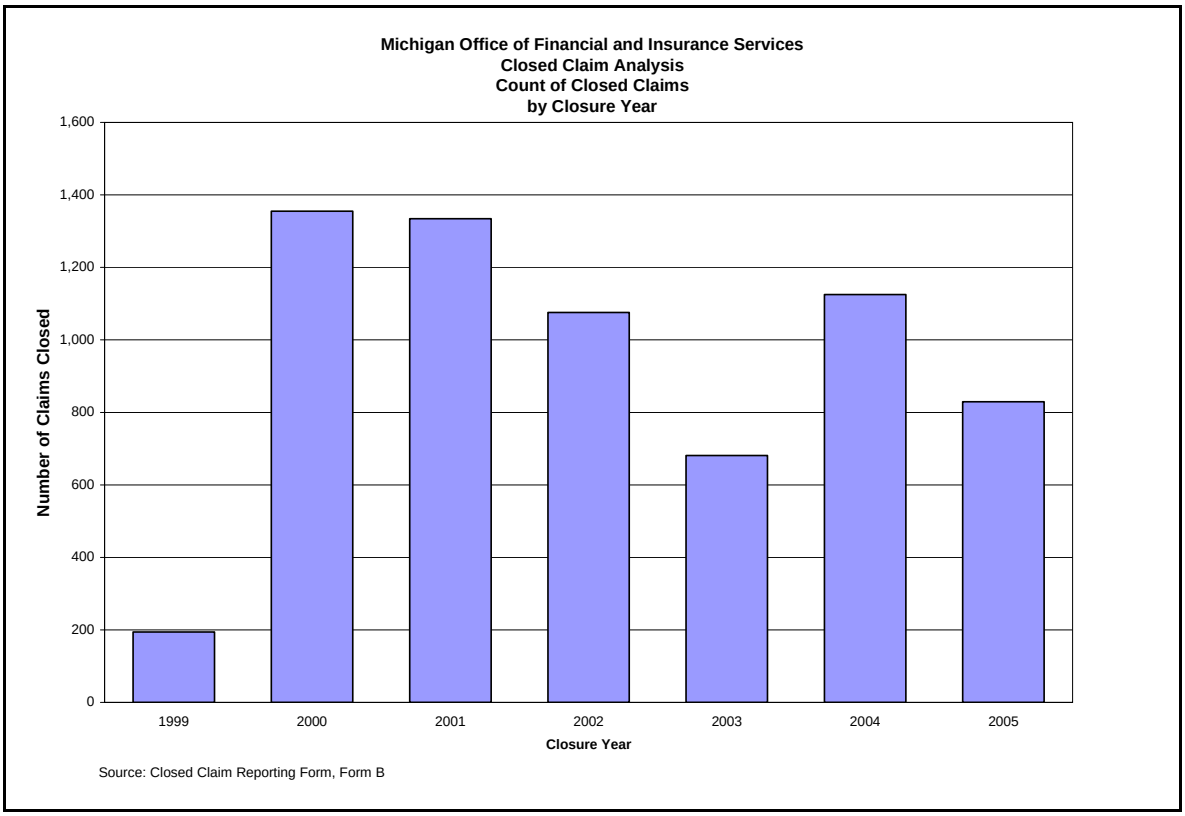
Closed Claims Counts

As noted earlier, closed claims give us more information on incidents that tend to be somewhat older incidents than comparable reported claims data.

Closed Claims by Closure Year

Total closed claims decreased between 2000 and 2005 from 1,354 to 829, a decrease of almost 40%. Closure year 2003, with only 681 claims, appears to be abnormally low. Closed counts by incident year and closure year are shown in Exhibit 8 and Figure 7 shows totals by closure year.

Figure 7 – Closed Claims by Closure Year



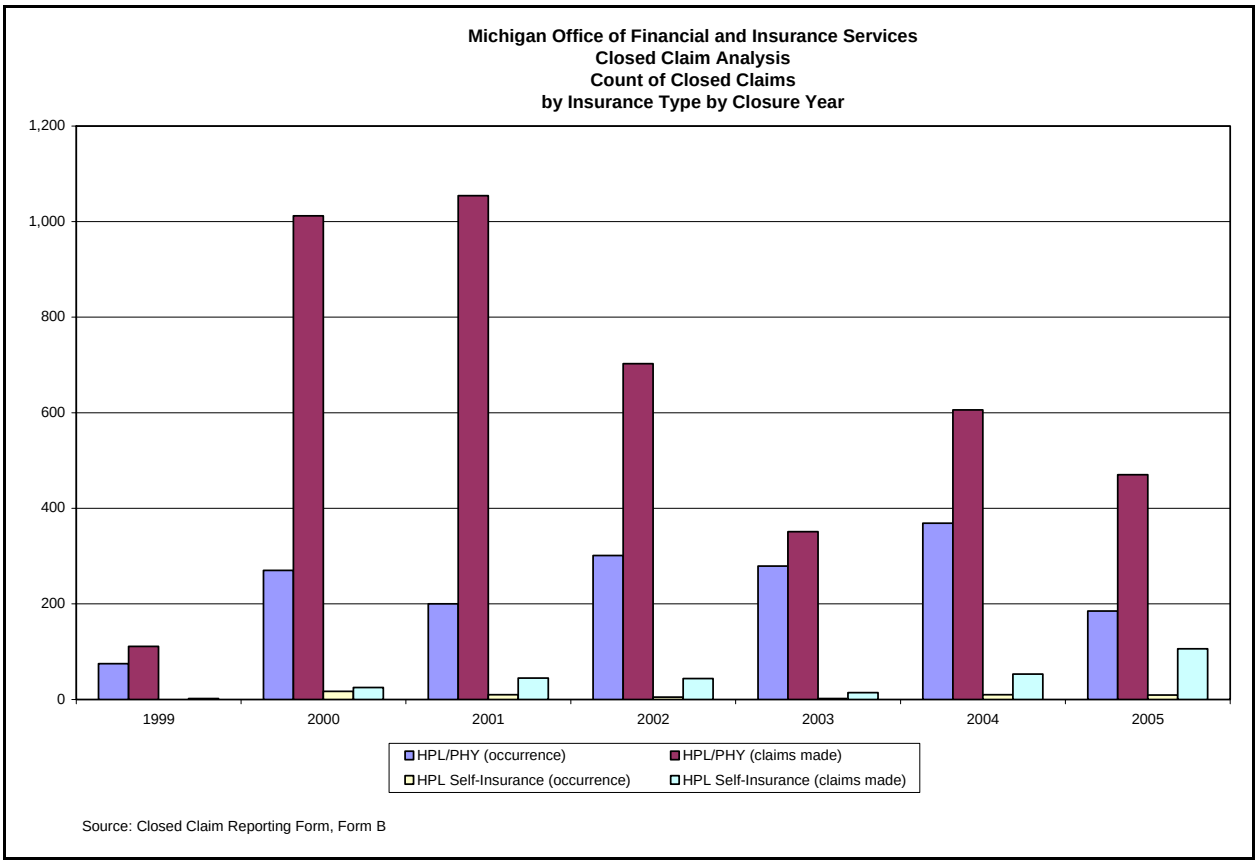
Closed Claims by Coverage

Claim counts by underlying insurance coverage type show a number of interesting trends. Claims related to occurrence form coverage in the traditional market showed generally flat trends and actually showed a couple years with an increased number of claims (2002, 2004). Claims-made coverage in the traditional market showed a greater than average decrease in closed claims while self-insured claims-made coverage saw significantly increased closed claims volume, potentially indicative of a continued flight to the alternative markets. Unfortunately, physician counts by coverage were not available to quantify the magnitude of this shift.

Only 266 closed claims did not have the underlying insurance coverage properly identified.

This information is summarized in Exhibit 9 and shown graphically in Figure 8 below.

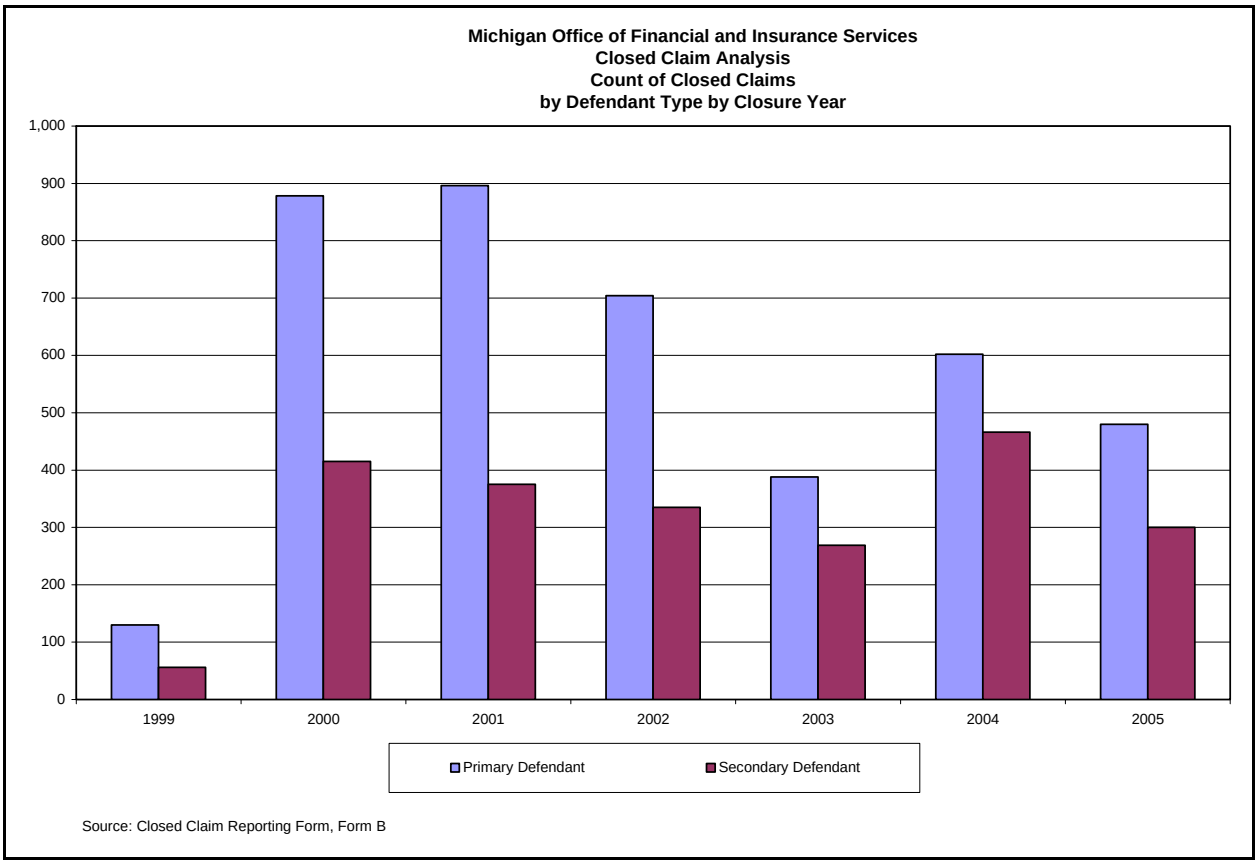
Figure 8 – Closed Claims by Insurance Coverage



Closed Claims by Defendant Type

One of the more interesting analyses of closed claim trends deals with claim counts by primary versus secondary defendant. Exhibit 10 summarizes closed claim counts by type of defendant and these results are shown graphically in Figure 9 below. Between 2000 and 2005, secondary defendants increased from about 30% of closed claims to in excess of 40% of the closed claim population. Without additional information, it is difficult to identify the cause of this trend; however, an increase in the number of defendants per claim could be a contributing factor.

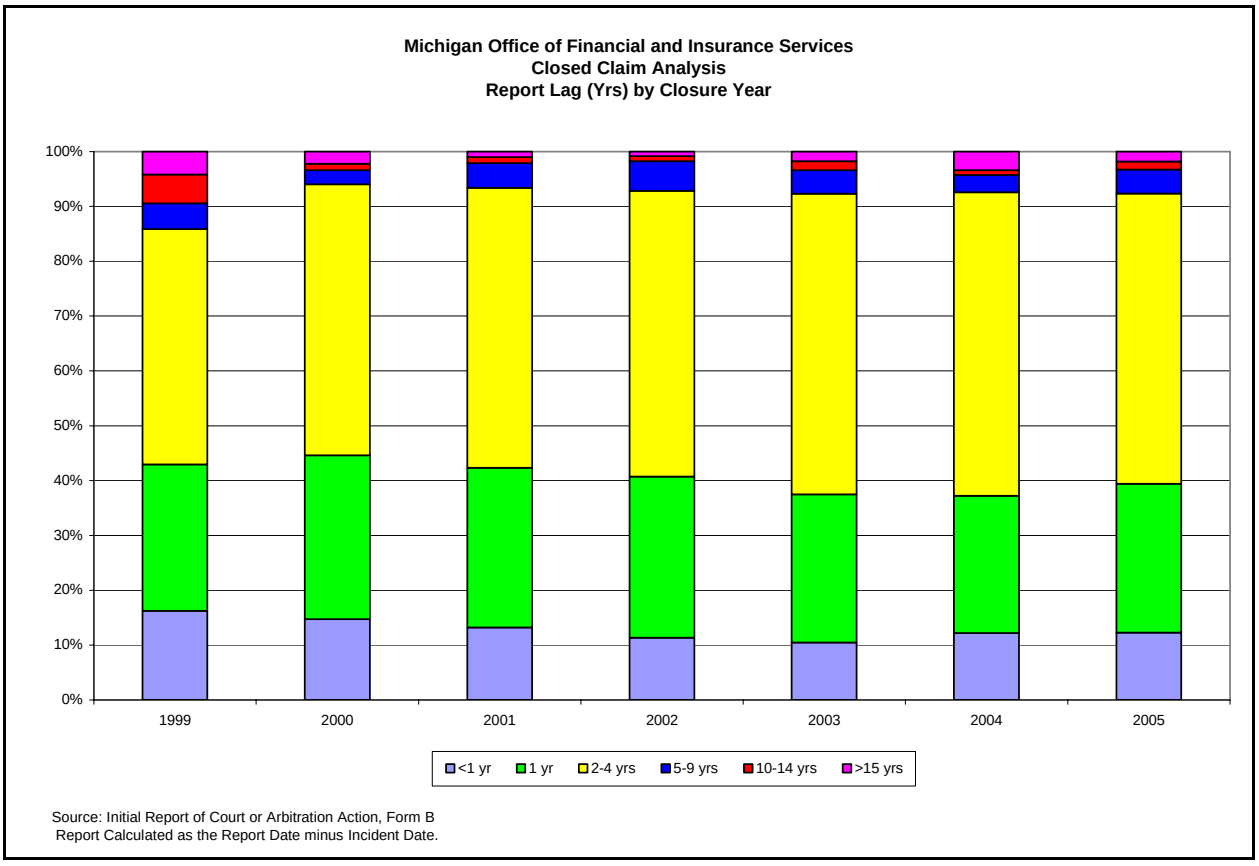
Figure 9 – Closed Claims by Defendant Type



Closed Claims by Reporting Lag

The closed claims data shows similar reporting lags to the Form A, reported claim data. Between 10% and 15% of closed claims were reported within one year of the incident and about 40% are reported in the first two years. Reporting patterns appear to show a bit of a slow down between 2000 and 2003 and a slight speed up in 2004 and 2005. This data is summarized in Exhibit 11 and presented graphically in Figure 10.

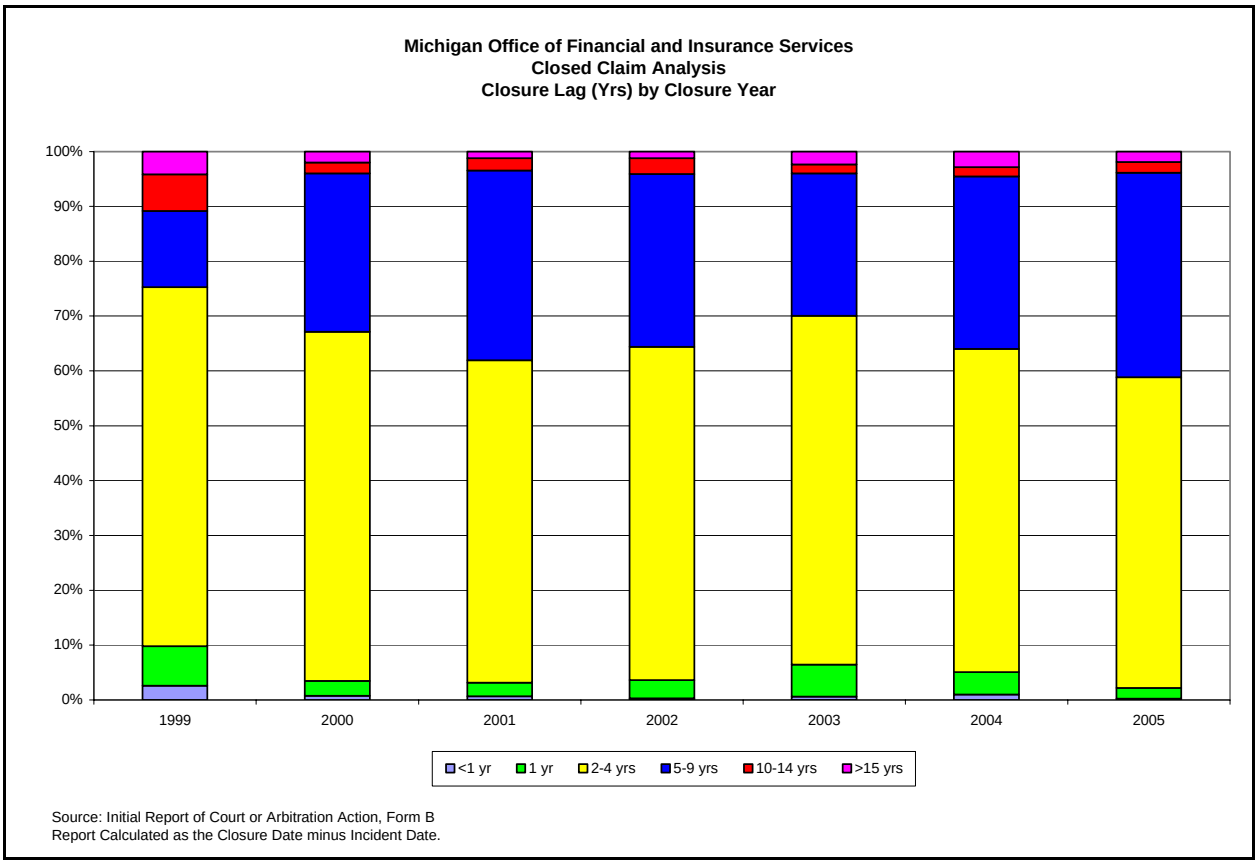
Figure 10 – Percentage of Closed Claims by Reporting Lag



Closed Claims by Closure Lag

Another metric to measure claim settlement patterns, which was not available in the Form A data, is closure lags, that is the time between the incident date and the settlement date. Less than 1% of claims are closed within one year of the occurrence of the incident. This percentage typically remains less than 5% after two years. Even after four years more than 30% of claims remain unsettled. This data is summarized in Exhibit 12 and shown graphically in Figure 11.

Figure 11 – Percentage of Closed Claims by Closure/Settlement Lag

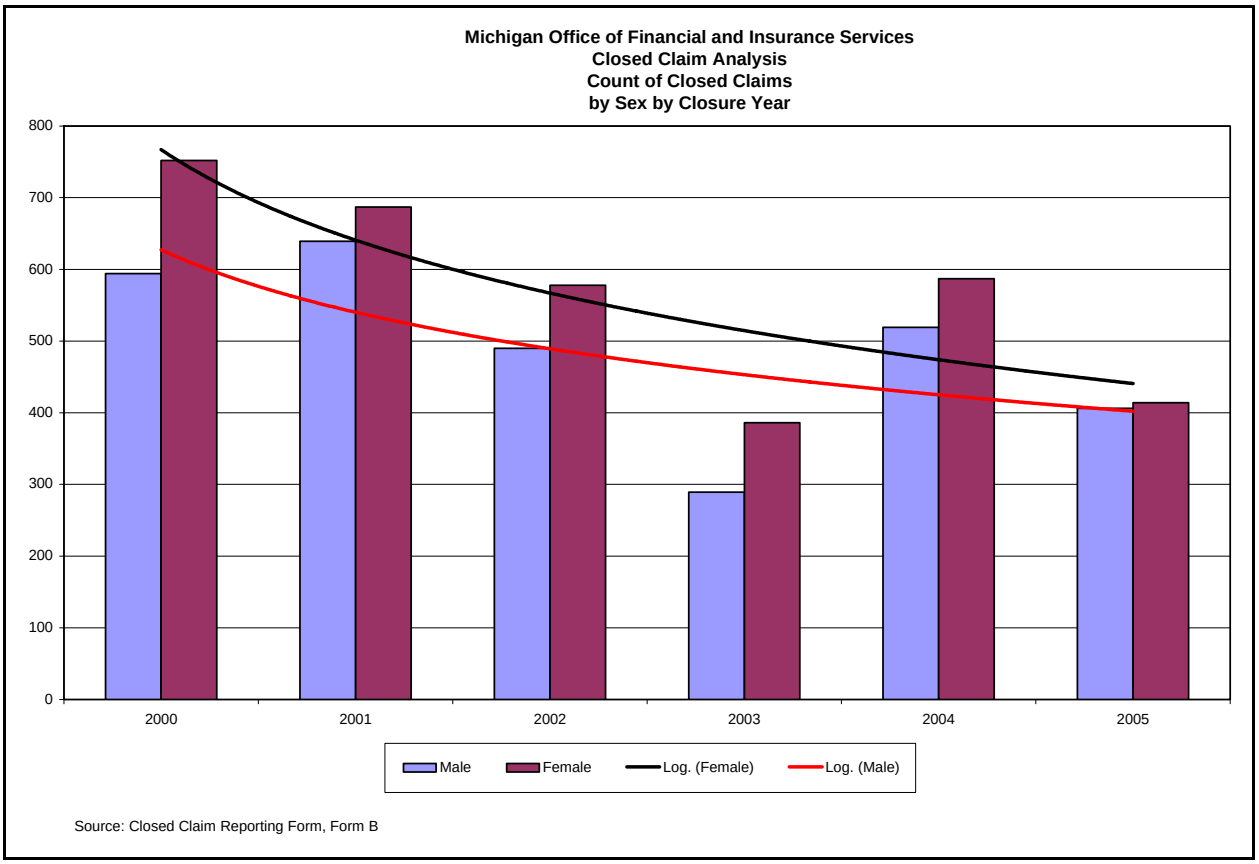


Closed Claims by Injured Party Sex

Another claim characteristic available in the closed claim data is patient sex. In each year, female claimants exceed male claimants. However, the female claim counts are decreasing at a slightly faster rate than male claims. As a result, males are becoming an increasing percentage of closed claims overall. This information is summarized in Exhibit 13 and graphed in Figure 12.

Only 60 closed claims (less than 1% of the total) did not have a valid entry for claimant sex.

Figure 12 –Closed Claims by Patient Sex

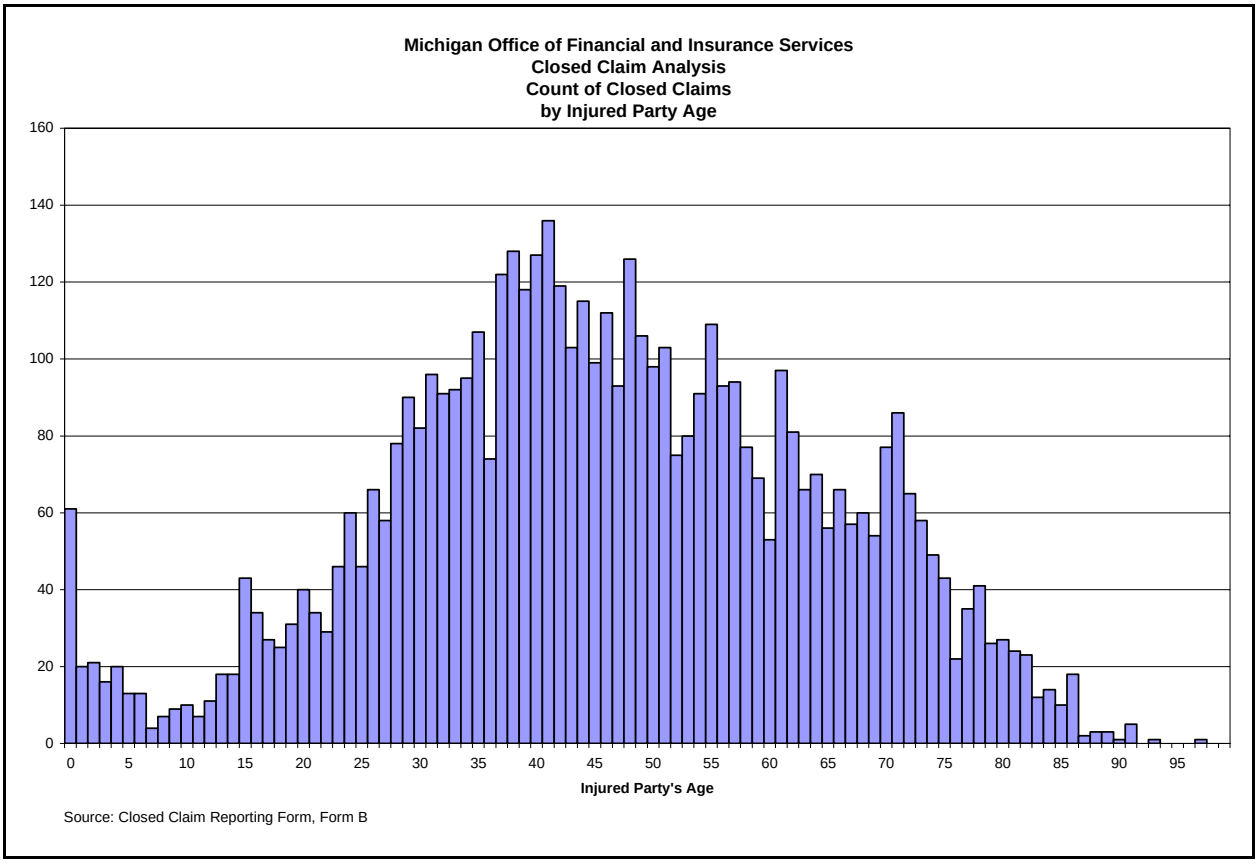


Closed Claims by Injured Party Age

As we have seen in so many states, the distribution of closed claims by patient age is generally a bell shaped curve with a mode of approximately age 40. Three anomalies are worth noting. First, the impact of birth related and other infants injuries can be seen in the higher number of claims at age less than 1. Another exceptionally high number of claims appear for teenagers. This exceptional value is harder to explain without further investigation. Finally, a higher number of claims appears for patients about retirement age, late sixties to early seventies. Changes in insurance benefits and health condition could both contribute to this exceptional value.

This data is summarized in Exhibit 14 and shown graphically in Figure 13 below.

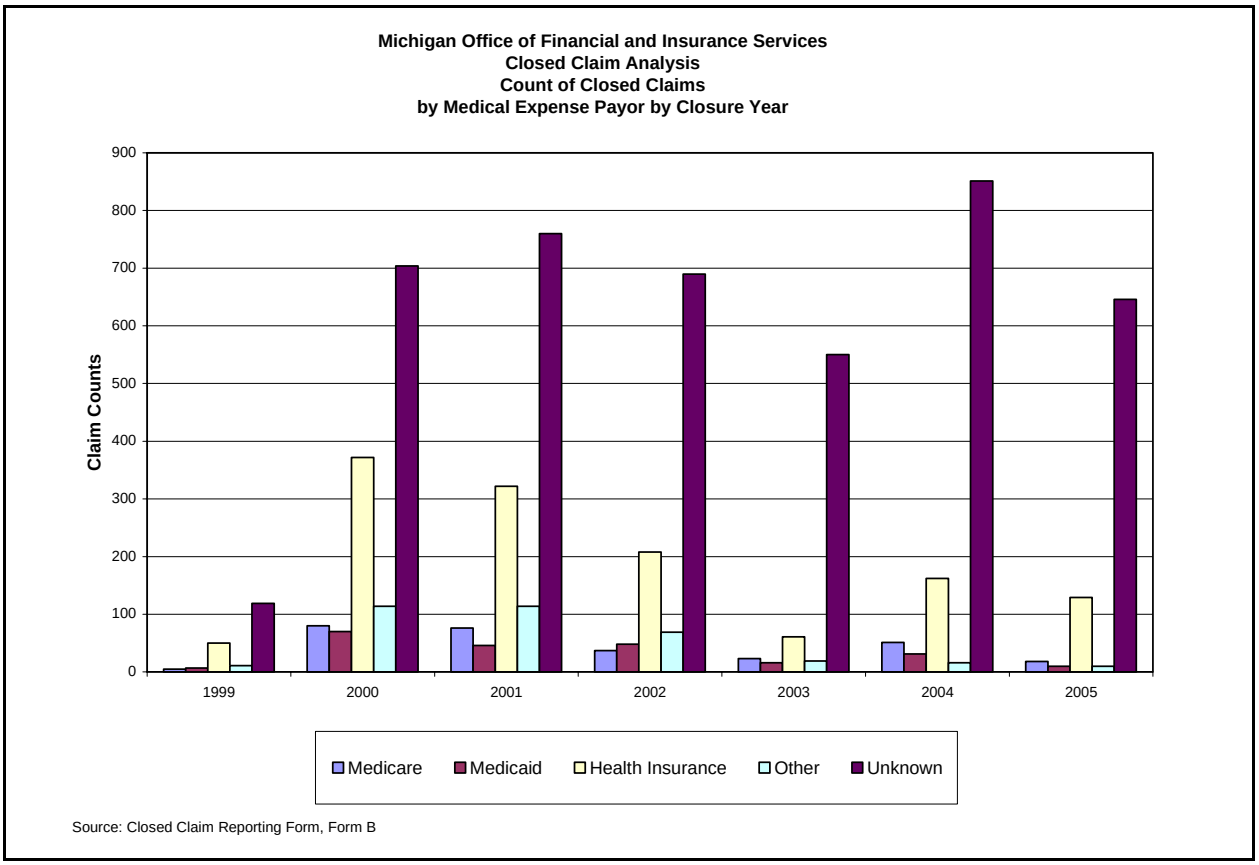
Figure 13 –Closed Claims by Patient Age



Closed Claims by Collateral Source/Medical Expense Payor

In reviewing the closed claim counts by medical expense payors, it appears that Medicare and Medicaid are becoming a smaller part of the collateral source equation for medical professional liability claims in Michigan. Health insurance has decreased significantly from almost 30% of closed claims receiving medical expense payments from health insurance to about 15%. It is unclear whether the trend to the "Unknown" category is a change in coding, an underlying change in collateral sources, or a combination of the two. Exhibit 15 and Figure 14 shows this data in tabular and graphical formats, respectively.

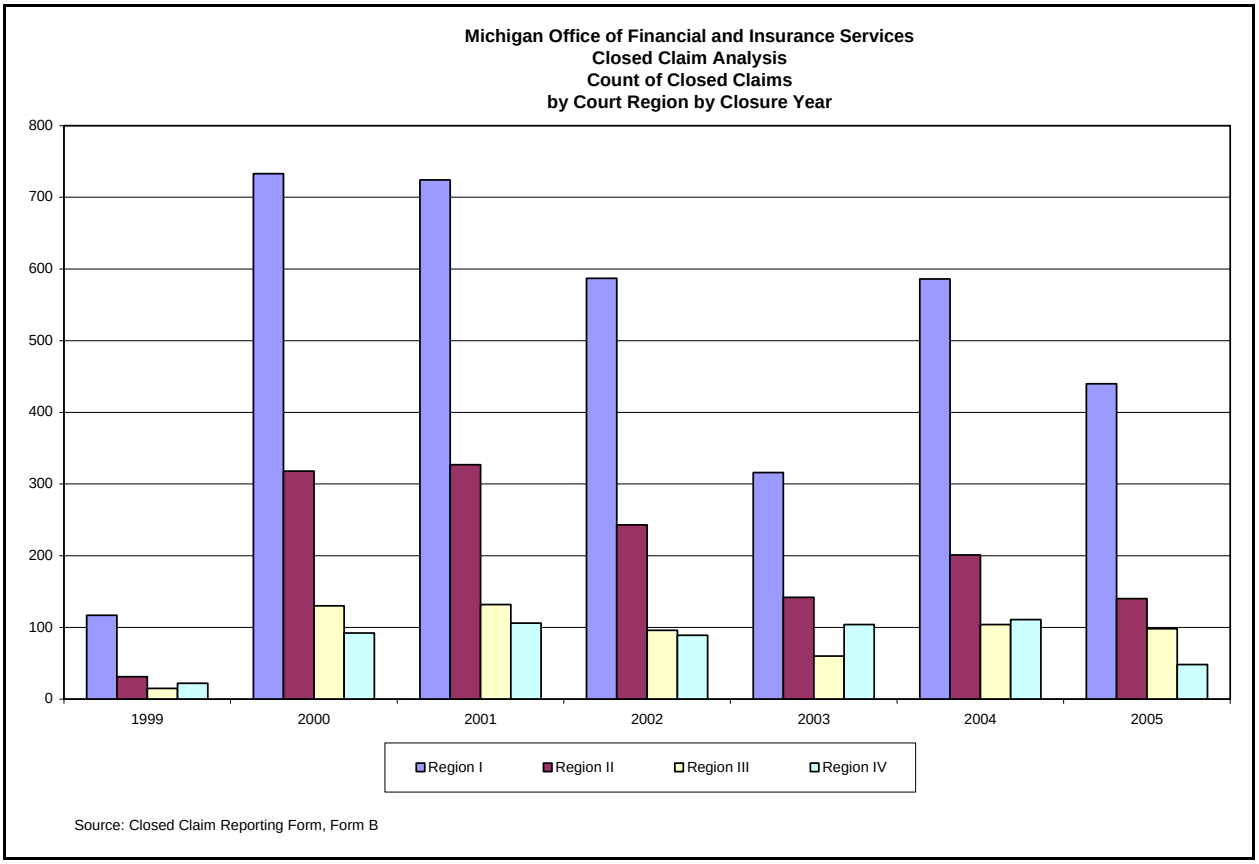
Figure 14 –Closed Claims by Medical Expense Payor



Closed Claims by County/Regional Court District

The closed count data by county summarized by regional court district closely follows the report claims data with Regions I and II improving at a rate faster than the statewide average and the other regions showing decreasing claims counts, but at a slower annual rate. This data is summarized in Exhibit 16 and shown in Figure 15.

Figure 15 – Closed Claims by Regional Court District

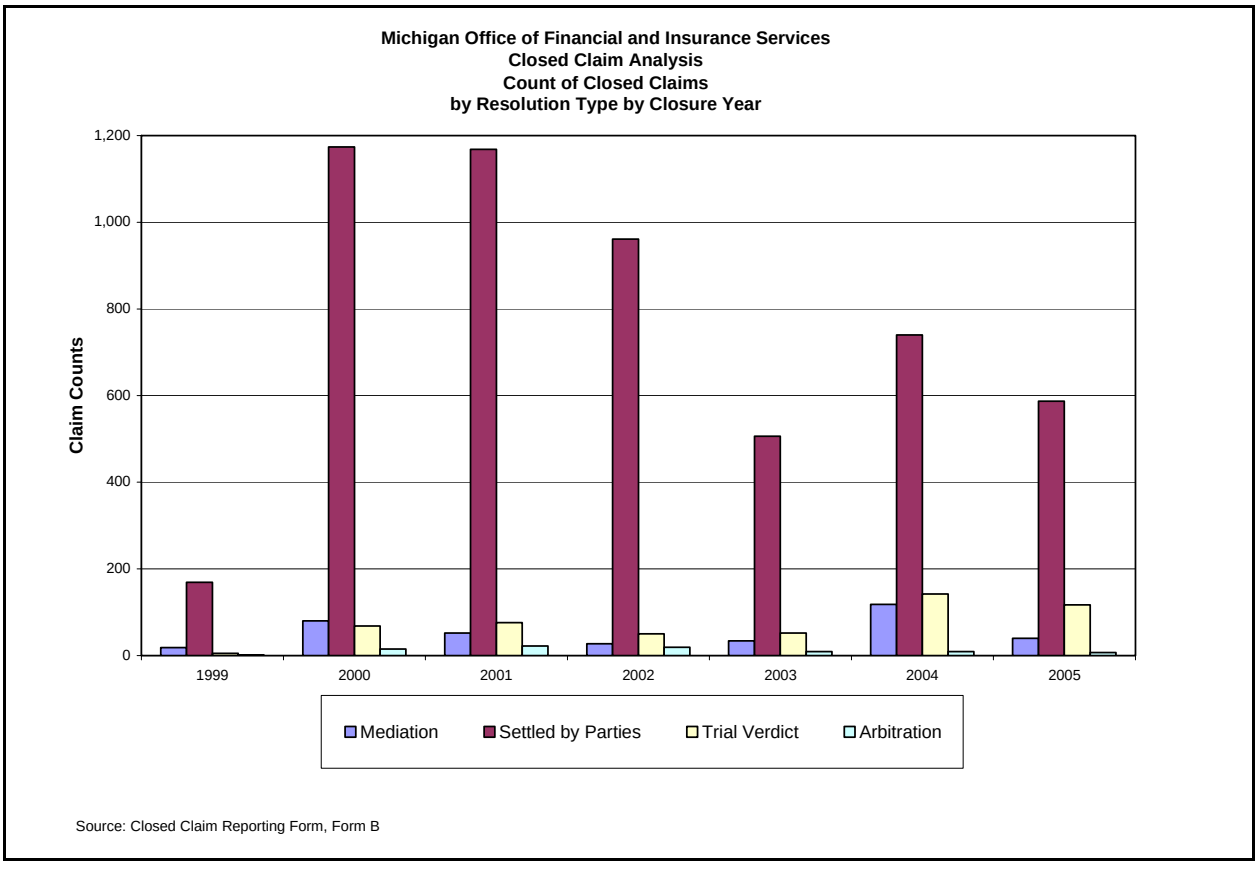


Closed Claims by Resolution Type

One of the most disconcerting statistics from the closed claim count data is the shift away from settlements by the parties and increased reliance on trial verdicts. This trend has been shown in other states to slow down patient receipt of claim settlements (i.e. increased closure lags), increased attorney fees (loss adjustment expenses) as a percentage of total loss payments and a general deterioration of system efficiency as measured by patient compensation as a percentage of total system expenditures. This could be the result of either insurers or plaintiffs (or both) changing claim settlement strategies. Results are summarized in Exhibit 17.

Another key trend is the use of alternative dispute resolution (ADR) techniques such as mediation and arbitration. These ADR techniques general speed up patient compensation, dramatically increase system efficiency and may increase overall patient compensation. Unfortunately, as shown in Figure 16 below, neither mediation nor arbitration demonstrate a consistent increasing percentage of closed claims between 2000 and 2005.

Figure 16 – Closed Claims by Resolution Type

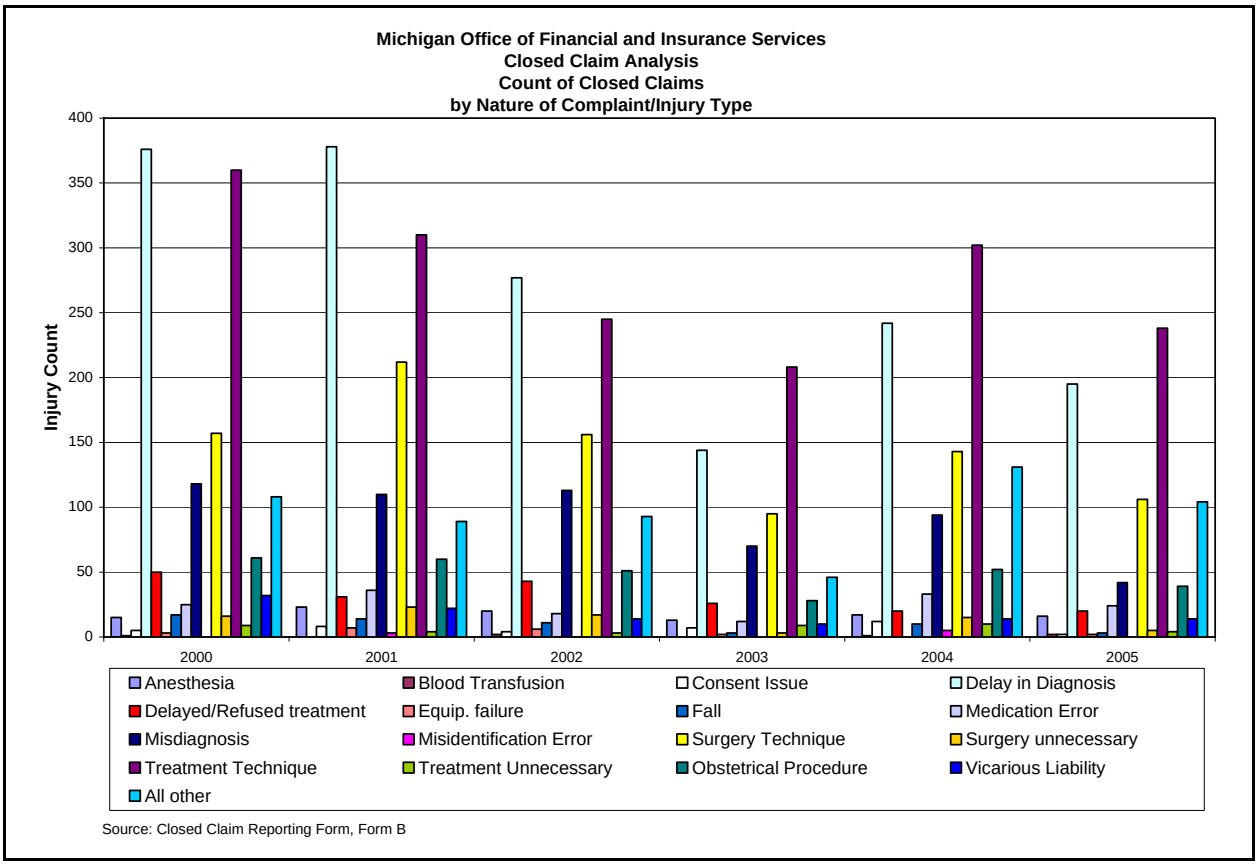


Closed Claims by Nature of Complaint/Injury Type

Closed claim counts by nature of complaint/injury type were summarized in a manner similar to reported claim counts. Obstetrical procedures showed an improvement in both total claims closed and the percentage of the overall claims total. The "Treatment" category became a larger percentage of the total over the 2000-05 period. Most of the other major claims categories do not show consistent trends over the period.

Exhibit 18 and Figure 17 summarize the results.

Figure 17 – Closed Claims by Injury Type

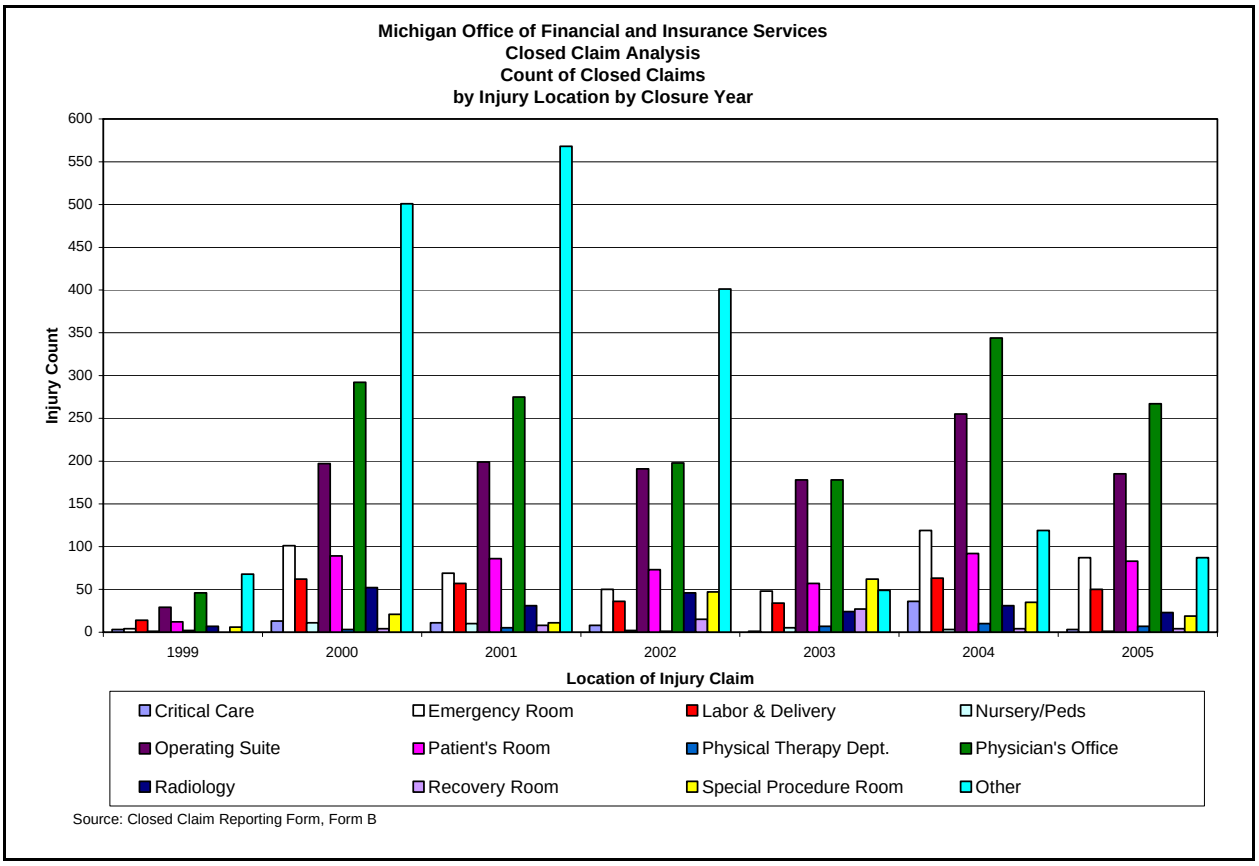


Closed Claims by Injury Location

Another interesting field captured in the closed claim data is location of injury. For the last three years, over half of closed claims were related to incidents that occurred either in the physician's office or the operating suite. These categories have been a steadily increasing percentage of the total closed claim population as the "Other" category has steadily decreased. This may be the result of better coding of data. Several of the other major categories (e.g. Emergency Room, Labor & Delivery, Patient's Room) also demonstrate this increasing percentage.

This data is summarized in Exhibit 19 and Figure 18.

Figure 18 – Closed Claims by Injury Location

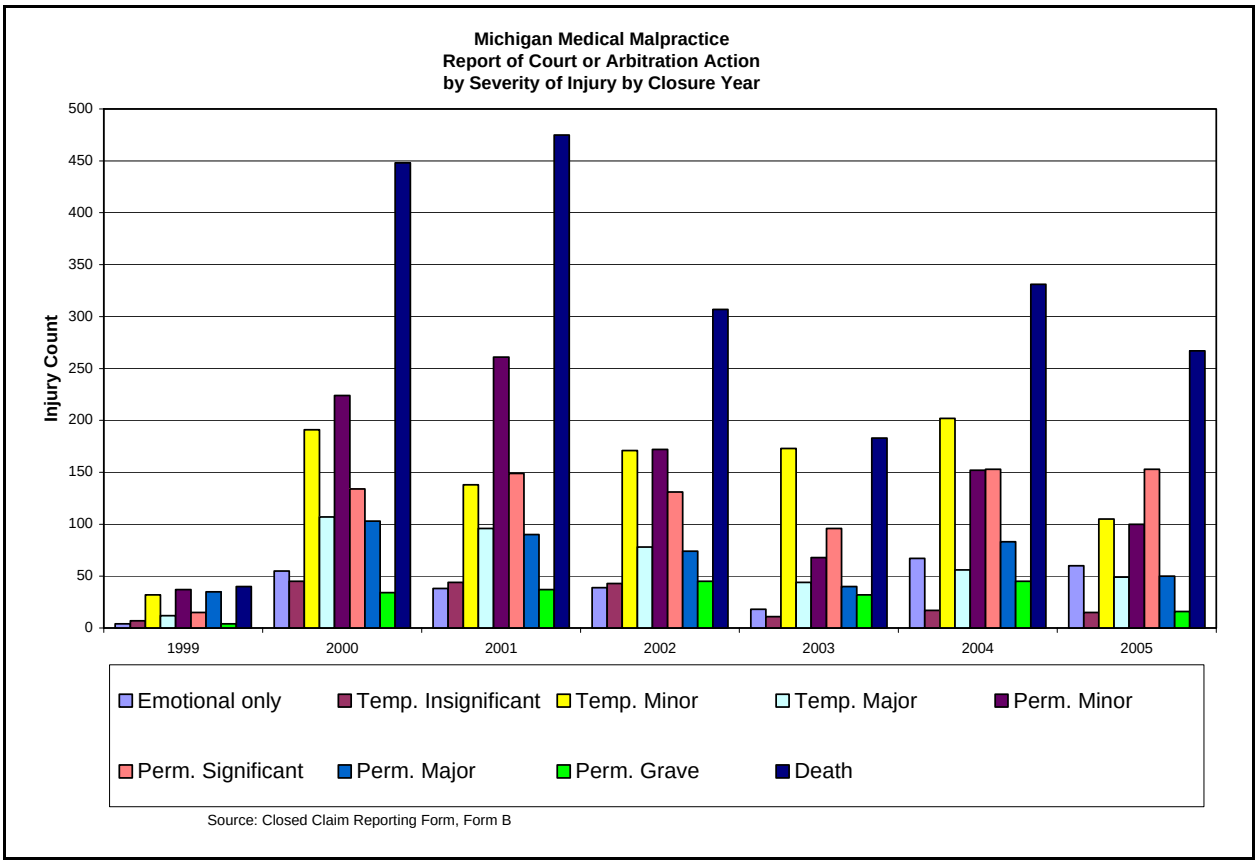


Closed Claims by Injury Severity

A common data element in most state closed claim databases is severity of injury. This field identifies both the severity of the injury and the permanence of the injury. The coding is standardized within the insurance industry and provides valuable information regarding shifts in claims severities. Exhibit 20 and Figure 19 present the results of closed claims by closure year and severity of injury.

The only claim categories showing an increase over the time period 2000-2005 is "Emotional Only" and "Permanent Significant" claims. Interestingly, claim counts for the three most severe categories, "Death", "Permanent Grave", and "Permanent major" are all decreasing at a faster rate than the statewide average. Fatalities, for example have decreased from 475 claims closed in 2001 to 267 closed in 2005.

Figure 19 – Closed Claims by Severity of Injury



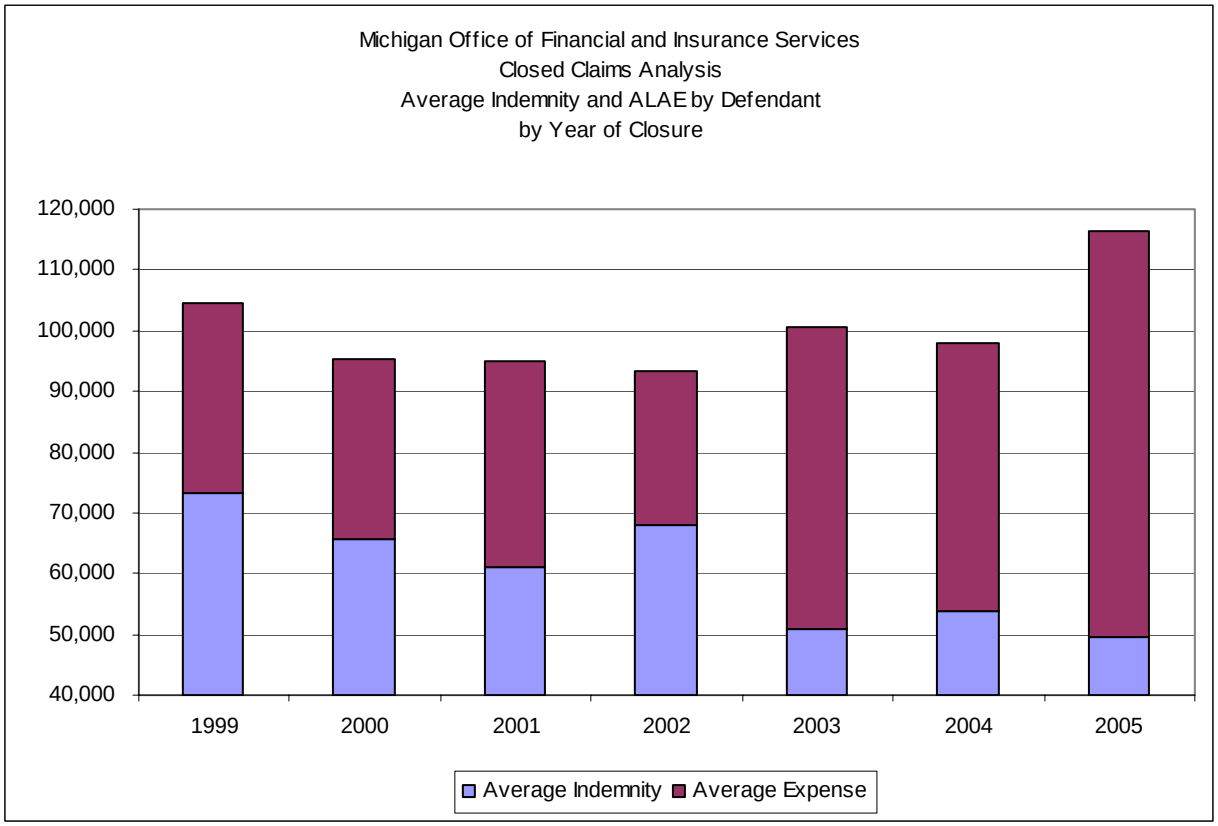
Closed Claims Severities

Claim severity trends are in important factor in insurance company rate setting and loss reserving. The reader must understand that for a number of the detailed severity analyses, individual years and claim categories may have a very limited number of claims and therefore the average severity may be significantly influenced by a small number (or one) large claim in that category. Also, most claims did not split indemnity losses between non-economic and economic damages. In many cases, this information was not determined (e.g. claims settled by parties) or was not available. Therefore, we have limited our review of non-economic damages to assessing changes in the ratio of non-economic damages to total indemnity losses.

Closed Severities by Closure Year

The overall statewide trend appears to be decreasing indemnity severities, increasing allocated expense severities, and non-economic damages as a decreasing percentage of indemnity payments.

Figure 20 – Closed Severity by Closure Year



Closed Severities by Coverage

Severities by insurance coverage generally repeat the overall pattern of decreasing average indemnity payments and increasing allocated expense payments. This is particularly in the HPL/PPY Claims-Made category, the largest volume of closed claims.

Exhibit 21 and Figure 21 show the results.

Figure 21A – Closed Indemnity Severity by Coverage

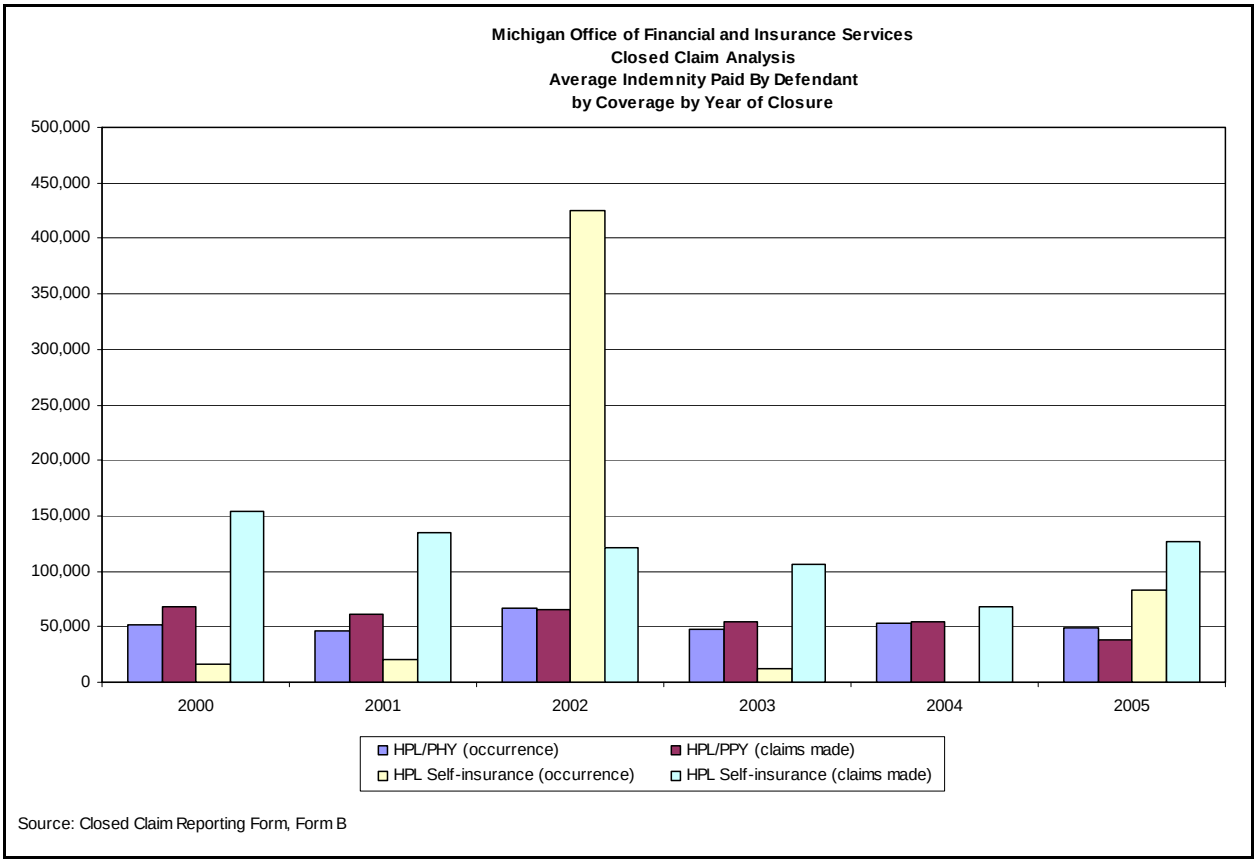
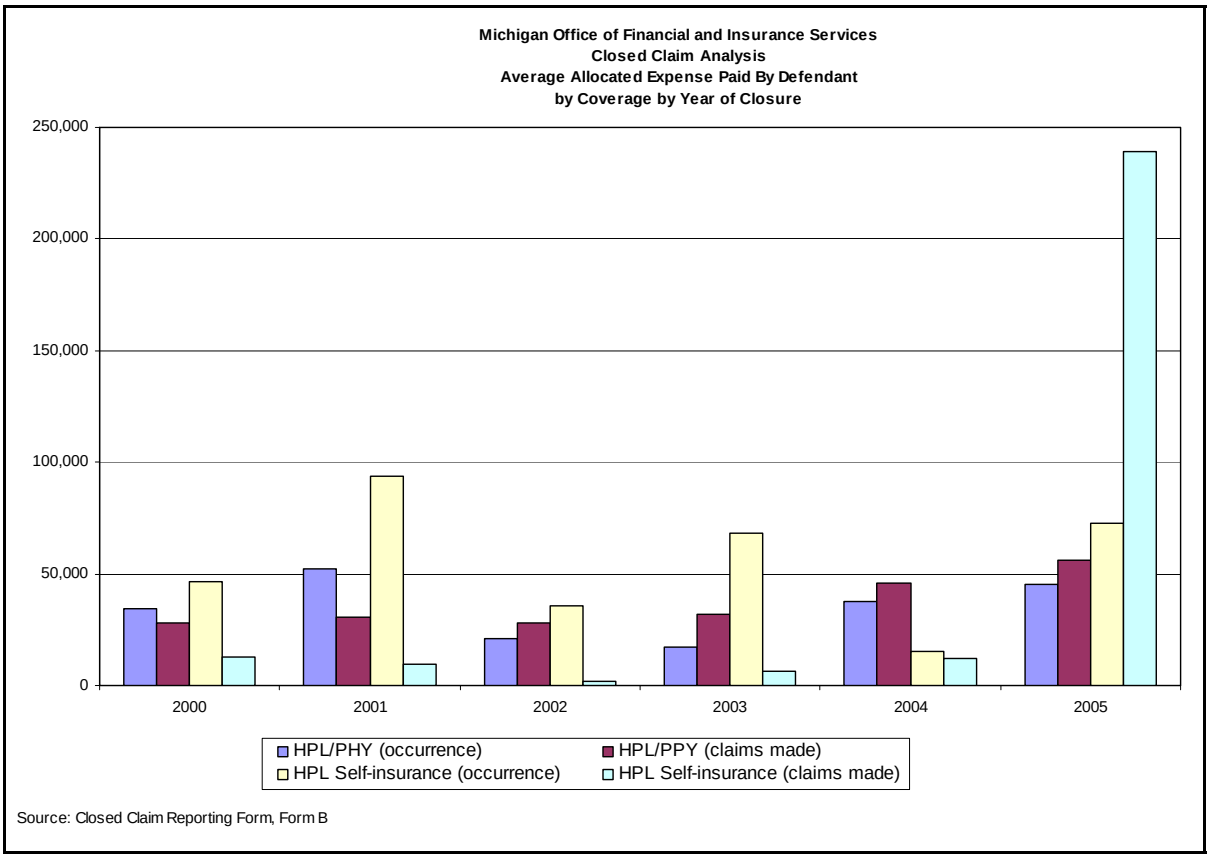


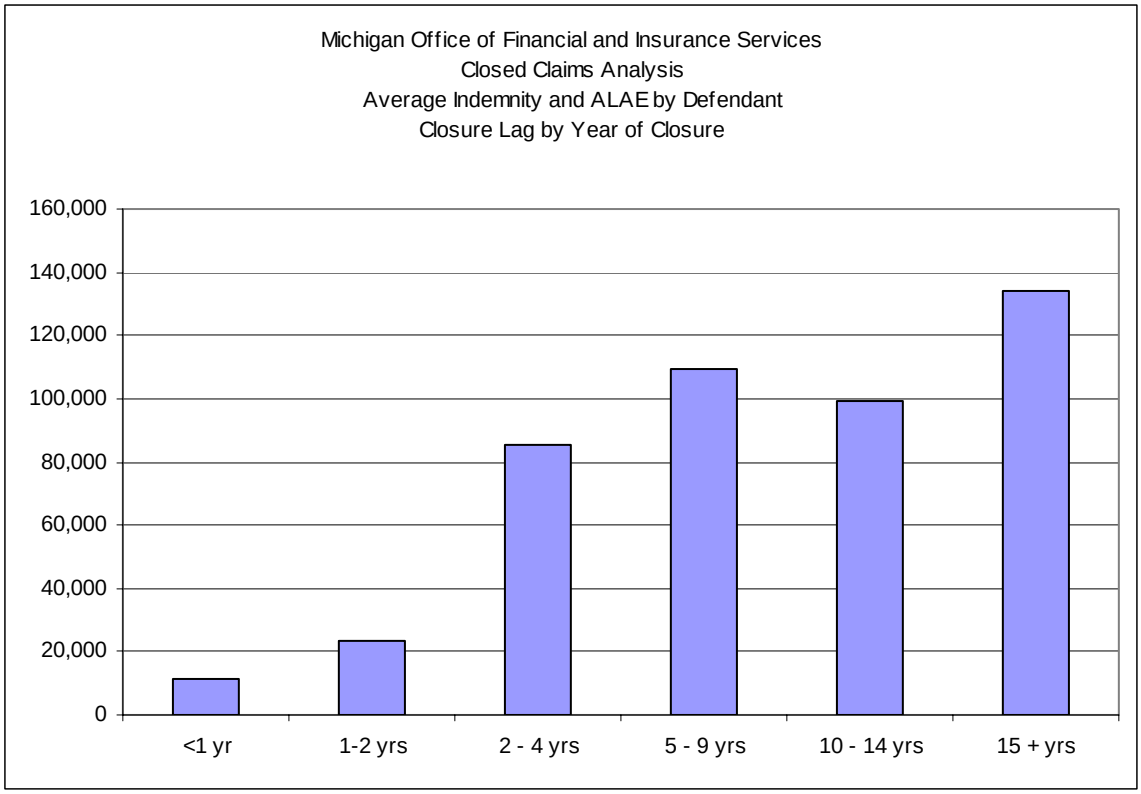
Figure 21B – Closed Allocated Expense Severity by Coverage



Closed Severities by Closure Lag

In every state where Pinnacle has reviewed closed claim data, closed claim severities by closure lag have increased dramatically the longer the claim stays open. Michigan is no exception. As you can see in Exhibit 22 and Figure 22, claims settled within a year of the incident have an average severity of about $11,000 while claims settled in between two and four years average over $80,000. This is due in part to the greater average severity of injury on these claims that take longer to settle. Generally, this trend continues even for settlement lags in excess of five or even ten years.

Figure 22 – Closed Severity by Closure Lag



Closed Severities by Injured Party Sex

Claim severity trends by claimant sex appear to be pretty comparable during the period under review. Females may show a slightly greater decrease in average indemnity severities and greater increases in average allocated expenses. Exhibit 23 and Figure 23 show these results.

The ratio of non-economic damages as a percentage of total indemnity payments also appears to be decreasing somewhat for both sexes. It is interesting that non-economic damages tend to be a larger part of indemnity payments for women than men.

Figure 23A – Closed Indemnity Severity by Injured Party Sex

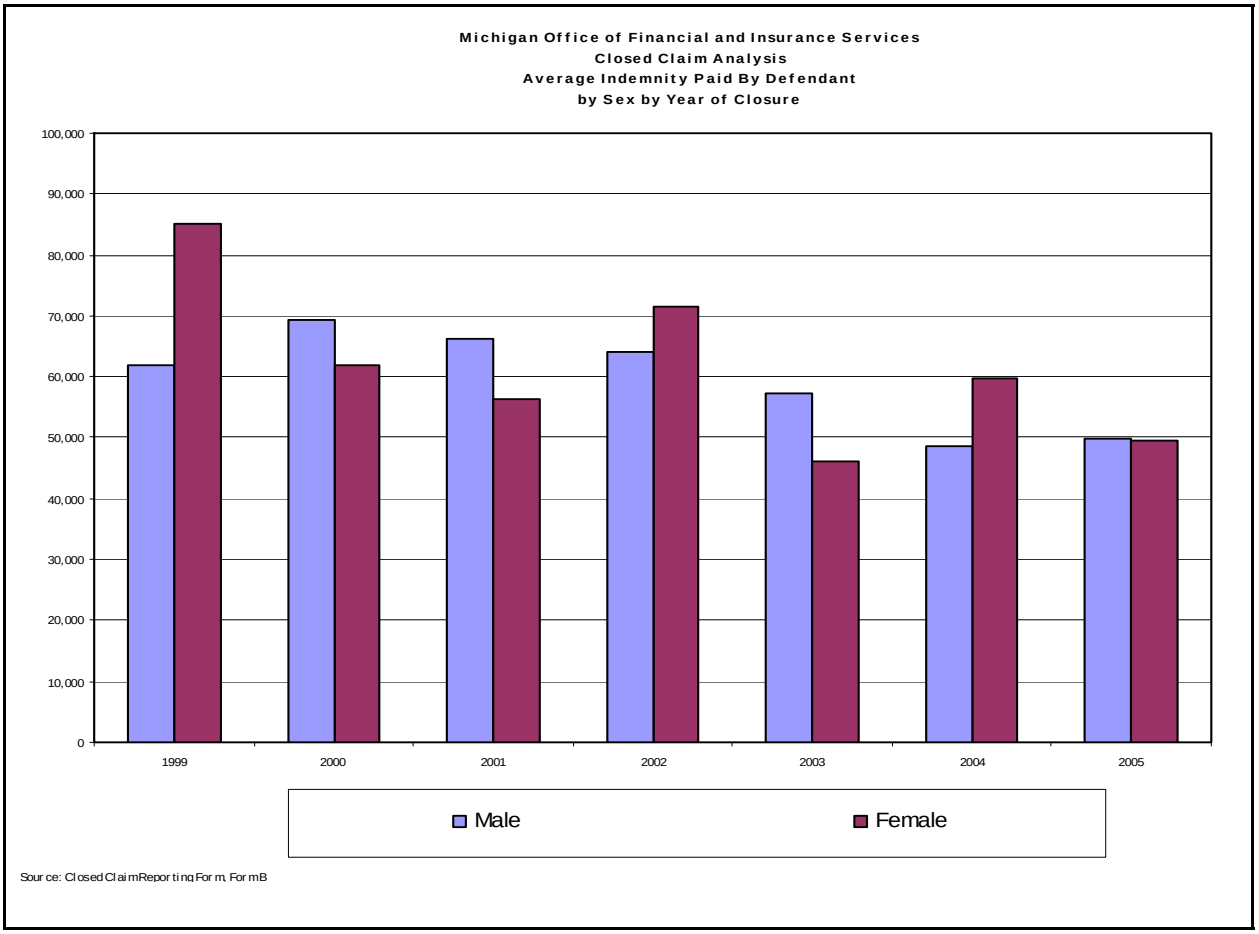
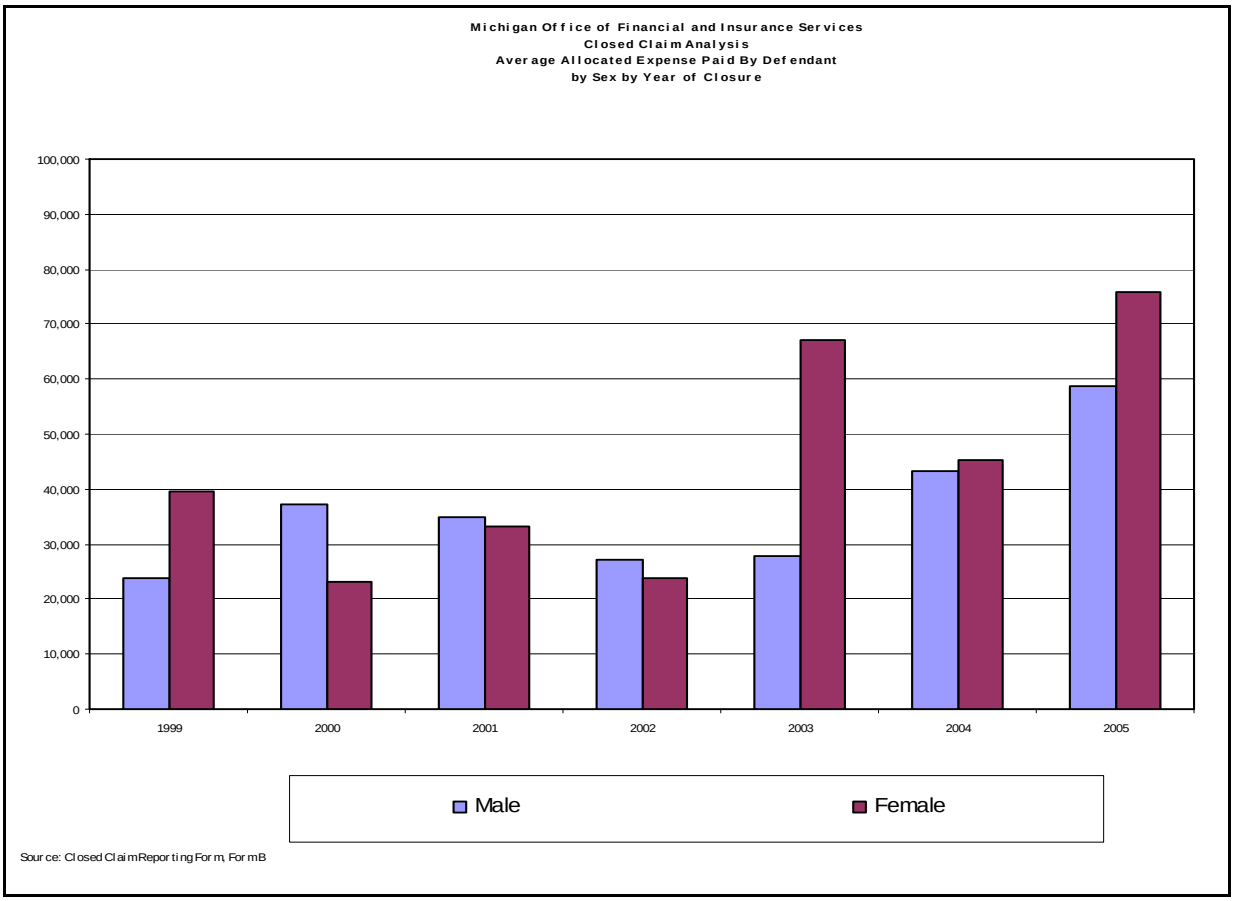


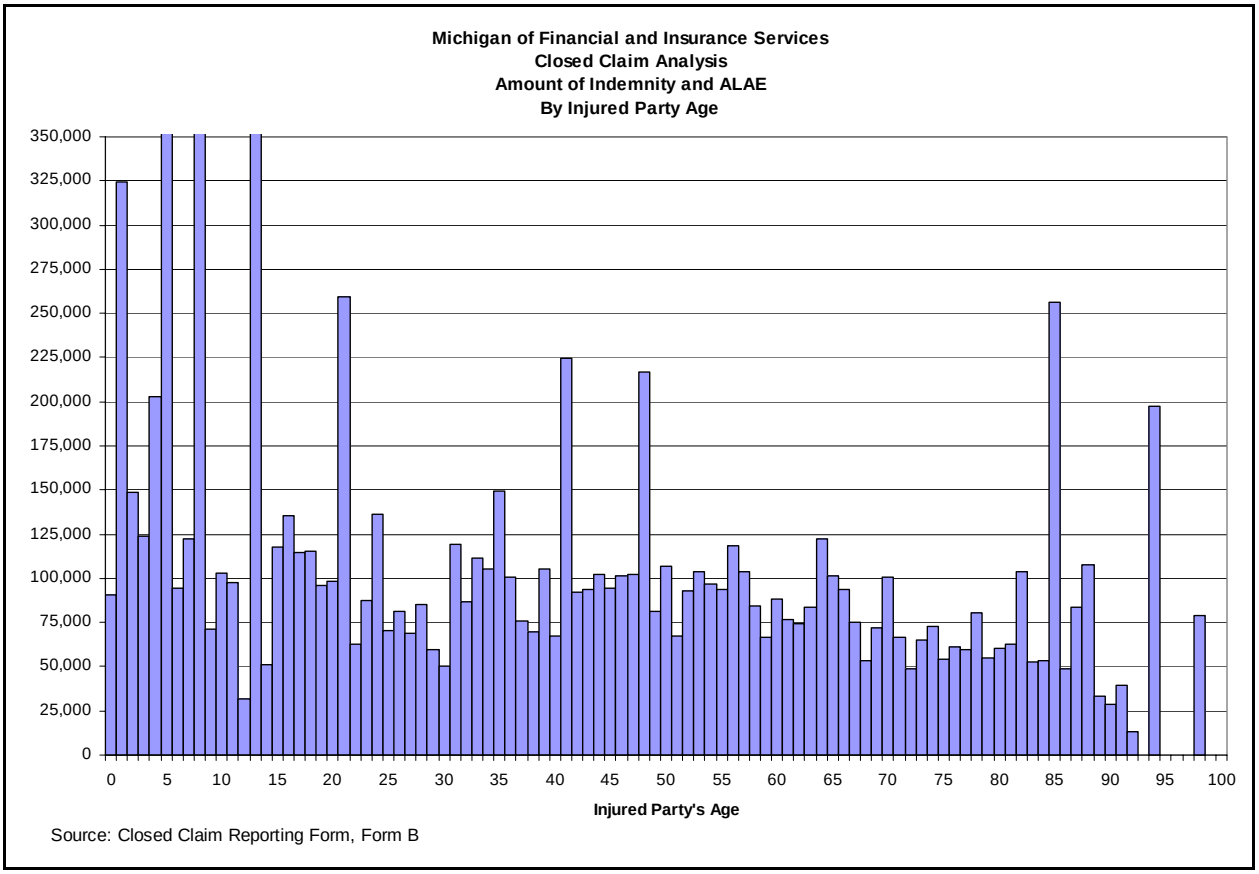
Figure 23B – Closed Allocated Expense Severity by Injured Party Sex



Closed Severities by Injured Party Age

When examining claim severities by patient age, it is pretty typical for severities to reach a maximum somewhere near middle age (somewhere in the forties) and then decrase as patients age and earning power dimishes. It is also typical for young children to produce large claim severities as a results of the impact of birth related neurological injuries. While the Michigan data generally follows the pattern we have seen in other states, there are a few exceptions. The biggest exceptions are seen in severities for patients under the age of twenty. Many of these ages produce higher than average severities. While the precise cause of these severities would require additional investigation, they could be random fluctuations due in part to the small number of claims or they could be systematic characteristic of how the Michigan tort system treats patients under the age of majority. Figure 24 summarizes these results.

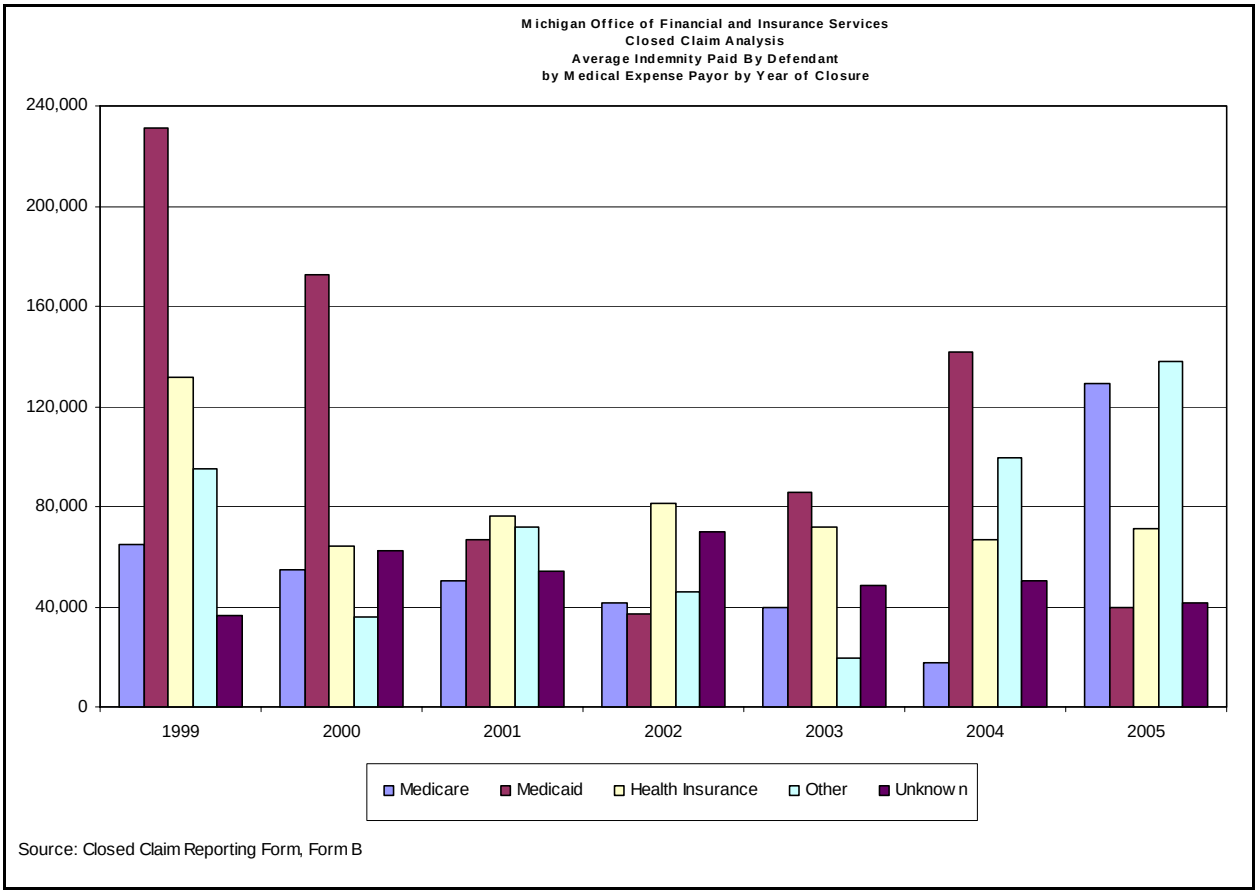
Figure 24 – Closed Severity by Injured Party Age



Closed Severities by Medical Expense Payor

The shifts in codification of closed claims by medical expense payor discussed earlier make analysis of severity trends difficult. It appears generally that most categories follow the statewide trend of decreasing indemnity severities, increasing allocated expense severities, and non-economic damages as a decreasing percentage of indemnity payments. Exhibit 24 and Figure 25 present these results.

Figure 25 – Closed Severity by Medical Expense Payor



Closed Severities by County

To avoid subdividing the severity data into too many categories, the data for all years combined by county is provided in Exhibit 25. Among the counties with a large number of claims, Wayne and Saginaw have some of the highest average closed claim severities and Genessee and Oakland counties have relatively low average severities.

Closed Severities by Resolution Type

The shift to a greater percentage of claims being settled by verdict and fewer being settled by mutual settlement of the parties has led to some interesting severity trends by resolution type. Trial verdict severities have actually decreased as less severe claims that used to be settled are now not resolved until verdict. Allocated expense severity trends are also lower than average for this category. Mediation and arbitration severities, both indemnity and expense, have increased significantly over the period reviewed, although based on a limited number of claims.

Figure 26A – Closed Indemnity Severity by Resolution Type

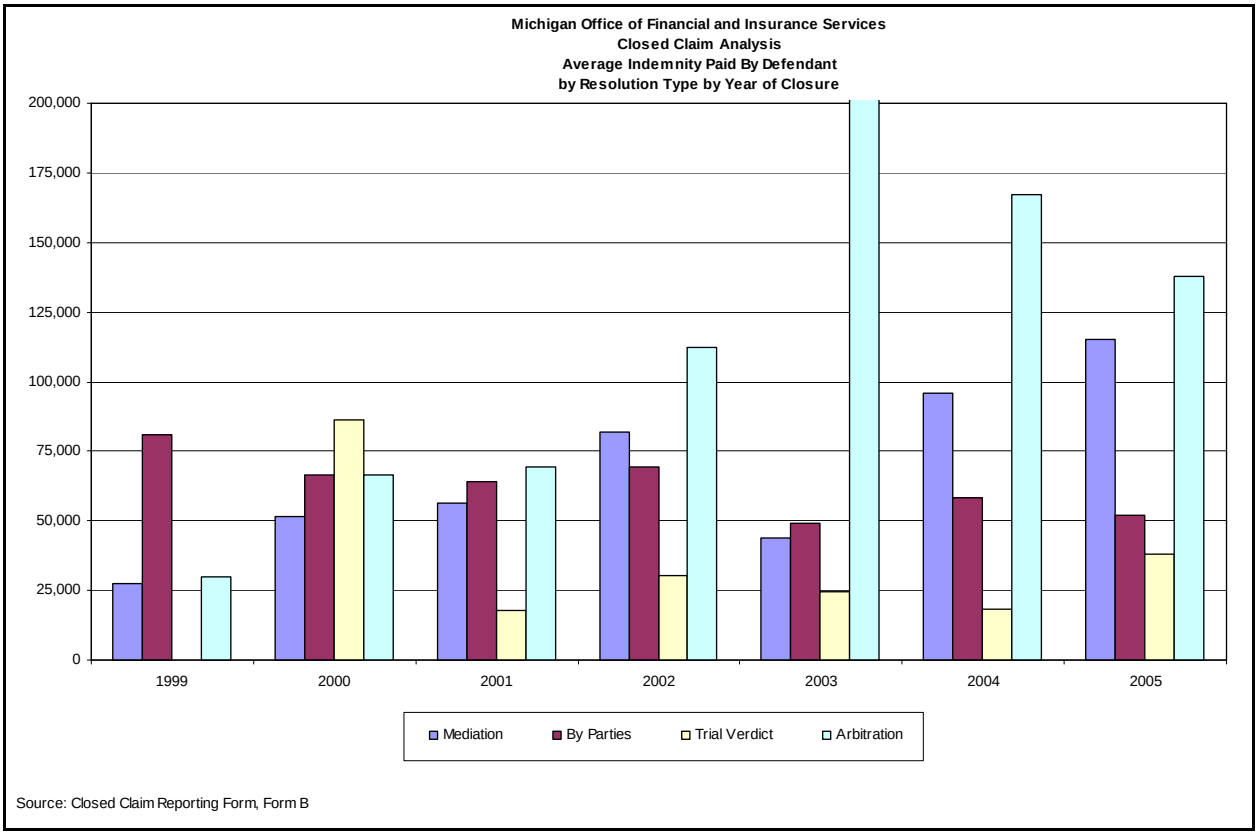
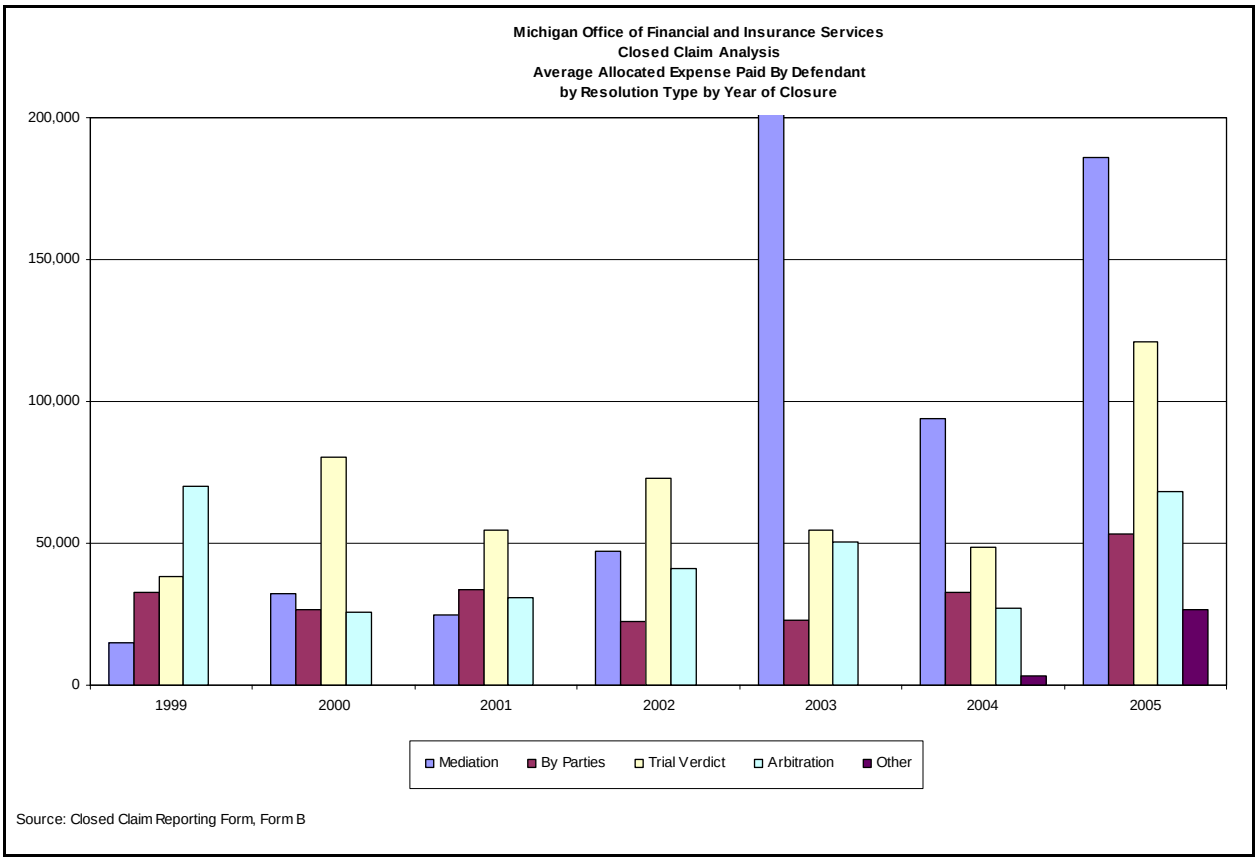


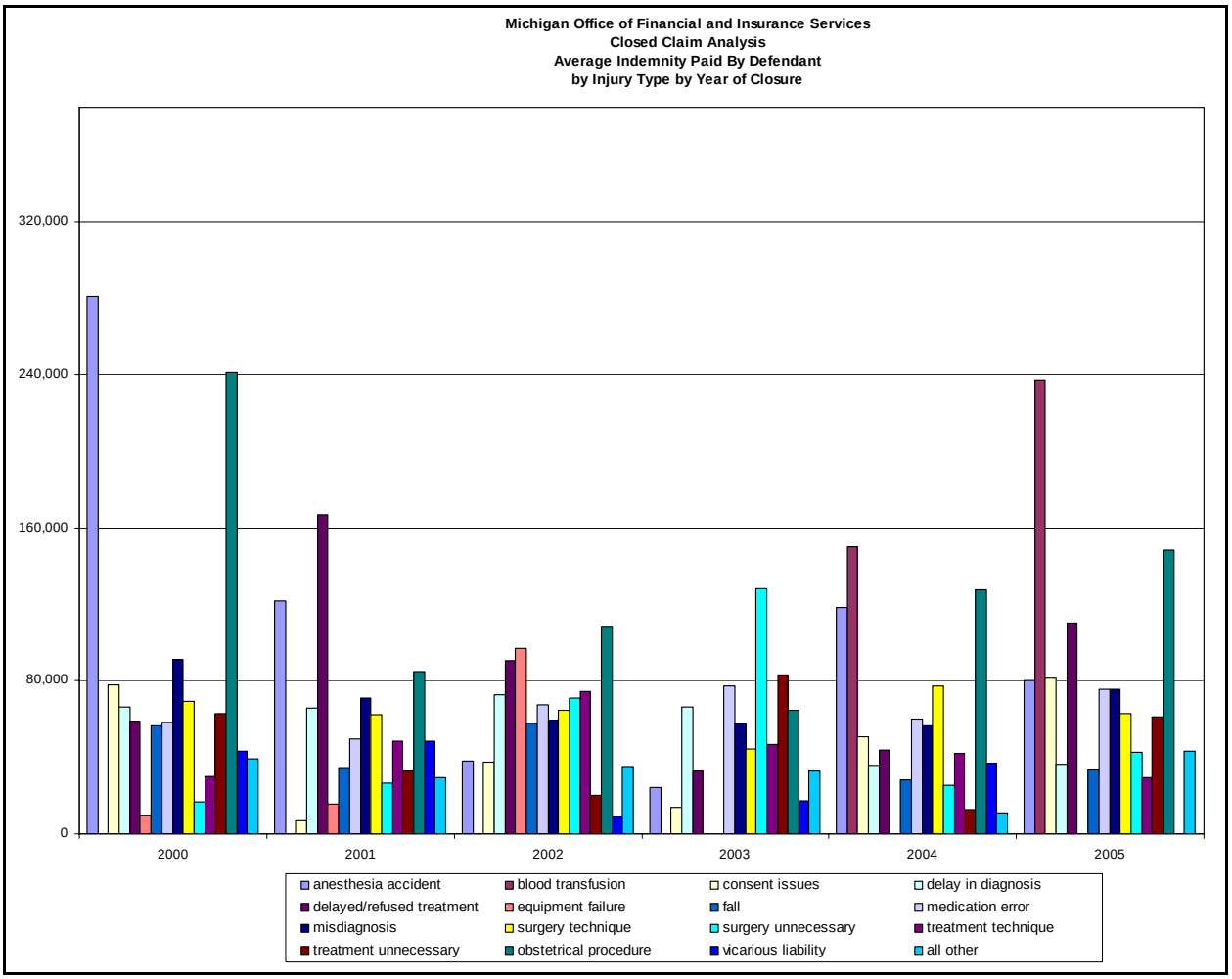
Figure 26B – Closed Allocated Expense Severity by Resolution Type



Closed Severities by Nature of Complaint/Type of Injury

By and large all of the injury types followed the statewide pattern of decreasing indemnity severities and increasing allocated expenses. Two exceptions were "Consent Issues" and "Medication Errors" that both saw increased indemnity severities and decreased average allocated expenses per claim. This data is summarized in Exhibit 27 and Figure 27.

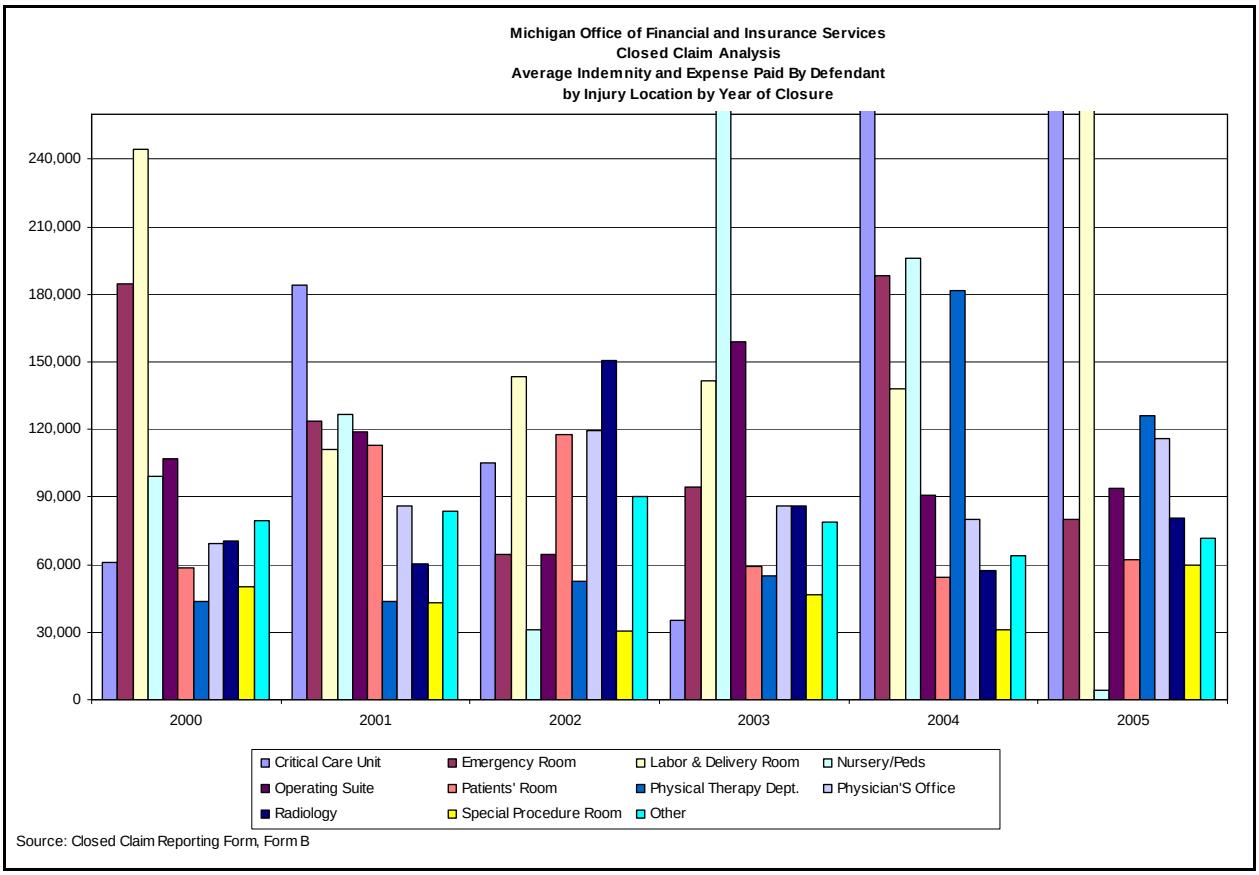
Figure 27 – Closed Severity Indemnity by Nature of Complaint/Type of Injury



Closed Severities by Location of Injury

As can be seen in Exhibit 28 and Figure 28, most injury locations followed the statewide trends of decrease average indemnity claim severities and increase allocated expenses. Patients' rooms and recovery rooms showed more significant decreases than other locations

Figure 28 – Closed Severity (Indemnity + Expense) by Location of Injury



Source: Closed Claim Reporting Form, Form B

Closed Severities by Severity of Injury

As with closed claim severities, severities by severity of injury coding provides valuable insights into the claims environment in a state. Exhibit 29 and Figure 29 show claim severities by severity of injury. The first observation is that while average indemnity claim severities have increased for most temporary injuries, indemnity severity severities have decreased for more serious and permanent claim types. The average allocated expenses, on the other hand have increased across almost all severities. With regard to non-economic damages as a percentage of total indemnity, Michigan generally follows patterns seen in other states in that severe, permanent claims tend to have lower percentages than less severe, temporary claims. This is mainly due to the often much greater medical and other economic components of the severe claims. Non-economic damages also often tend to be larger proportions of fatalities (than permanent claims) due to the lack of future medical expenses in the economic portion of the claims.

Figure 29A – Closed Indemnity Severity by Severity of Injury

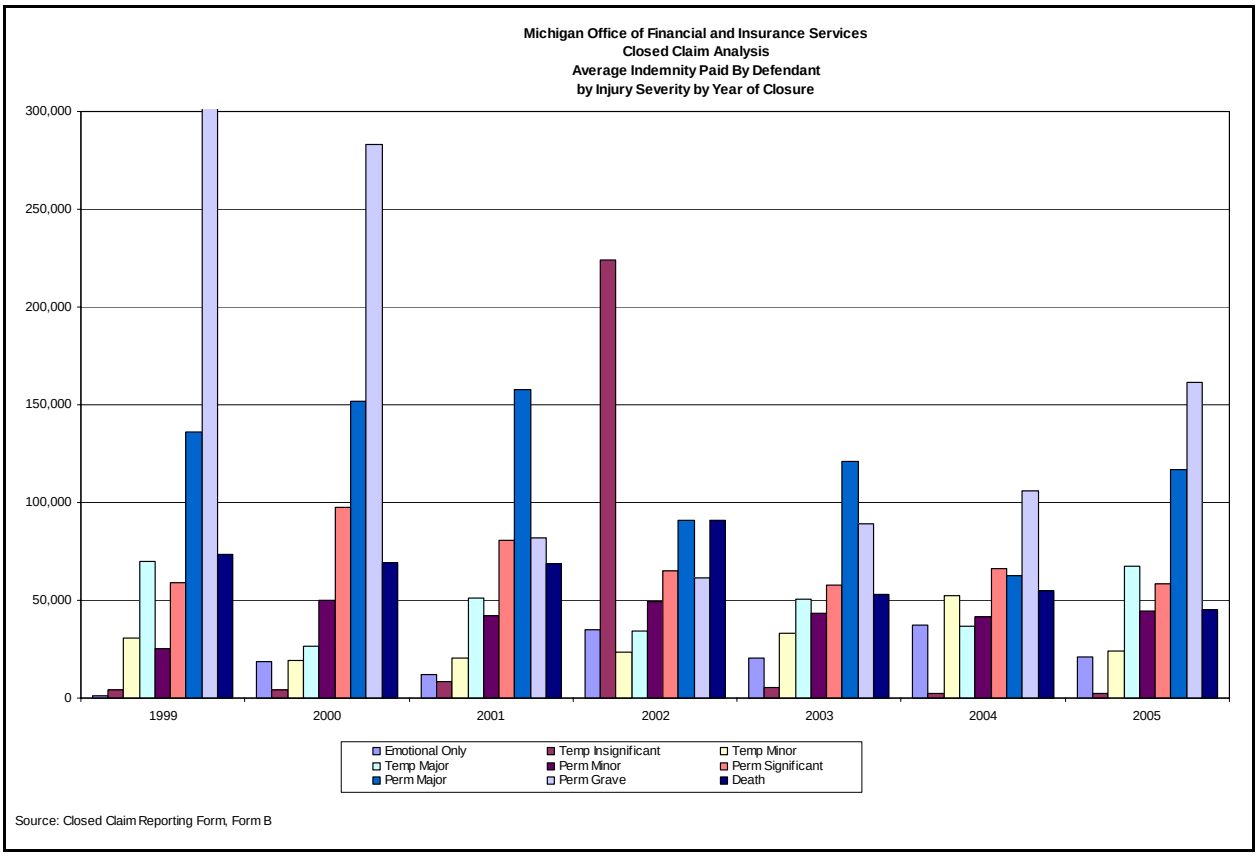
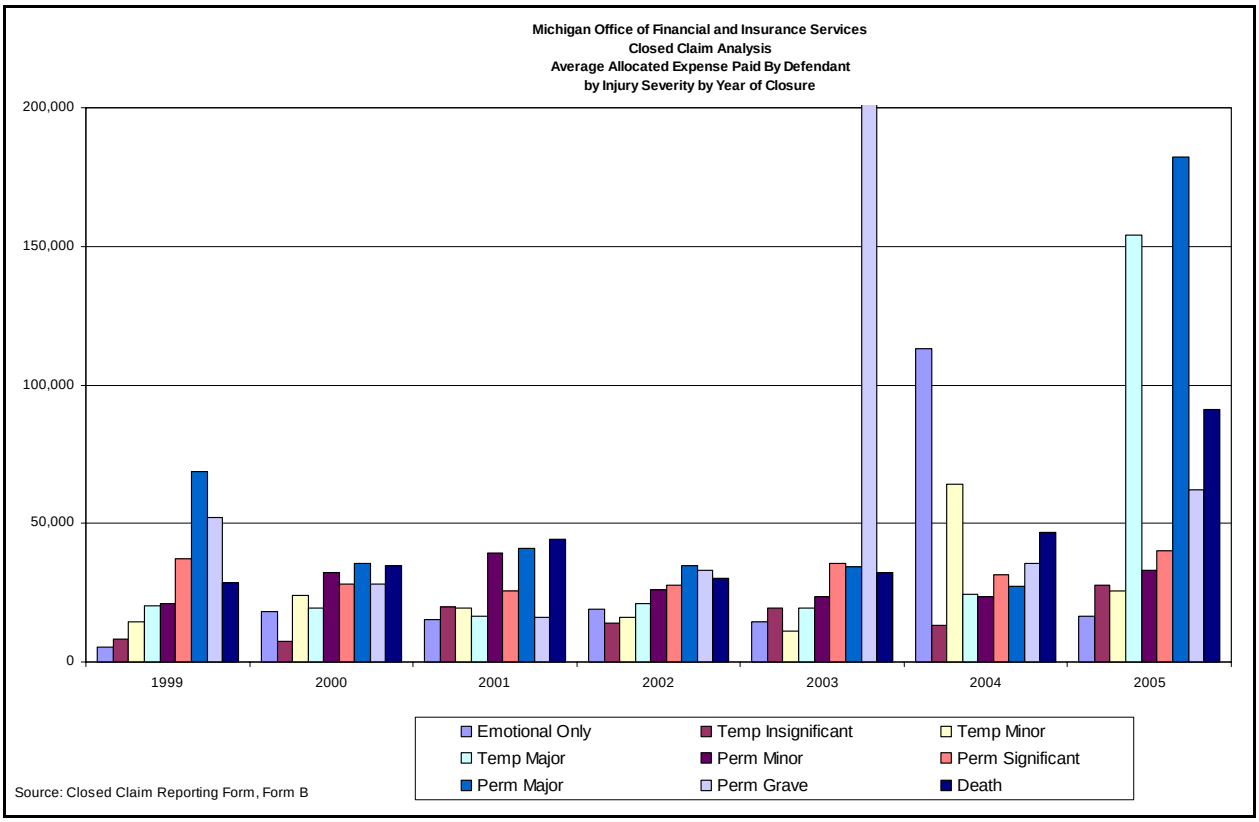


Figure 29B – Closed Allocated Expense Severity by Severity of Injury



Evaluation of Claim Reporting Forms

The Michigan medical professional liability claim reporting system has several significant advantages over both the NAIC standard closed claim reporting template and the National Practitioners Data Bank.

- Michigan Form A collects reported claim information while other systems focus on closed claims. This means Michigan has access to information on claims much earlier than closed claim only reporting systems.
- Michigan's system collects information not found in other systems.
- The mandatory nature of the reporting requirement in the state ensures a much more complete picture of the medical professional liability claims environment that systems where reporting is not mandatory in all situations. This is particularly true with regard to reflecting the experience of the self insurance/alternative markets.

There are several broad suggestions for making the system even more useful for the various stakeholders and policy makers in the state:

1. Develop an electronic entry system so that the claim forms, both Form A and Form B can be entered into a database as they are received.
2. Create a process to annually compare the paid losses in the closed claim reports (Form B) to the paid losses recorded by insurers in their annual statement page 14 for the state of Michigan. Because the data is not an exact apples-to-apples match (for example, paid ALAE and partial payments on open claims would be in page 14 and not the Form Bs), this would not be an audit of the data, but rather a reasonableness check of the values submitted on the forms.
3. Take measures to ensure that historical reporting forms and/or data are preserved.
4. Develop a companion database of licensed physicians by year, specialty, and county so that claim frequencies per licensed physician can be accurately computed.

Maybe the best example of an electronic entry system is Florida's. Closed claim reporting forms are regularly entered into an electronic database which is available for purchase by interested

parties from the Florida Department of Insurance. This significantly increases the information available to a wide variety of parties involved in the medical professional liability insurance market in the state, increases competition, and generally should contribute to more informed policy decisions. Given the current state of technology, consideration could also be given to electronic submissions of Form A and Form B. In fact, Pinnacle developed a simple data entry template with a number of entry validation and correction tools that significantly increased the accuracy of the forms over the hand written originals as they were being entered. These types of mechanisms could certainly be incorporated into an electronic submission form.

Probably the single most disappointing issue related to this project is that despite claim reporting being required in Michigan since 1986, only about five years worth of data is available. If all of these years of closed claims were available, policy makers in Michigan would have a full underwriting cycle worth of to to base their decisions on. In Florida, all closed claims since 1975 are available in an electronic format (Excel). This approach to data retention creates a much more credible data set that can assess longer term trends. It also allows a much more complete look and many more accident years of claims. Michigan is certainly not the only state that not retained this historical claims data, despite having a closed claim reporting requirement. Oregon, for example had paper copy closed claim reporting forms that were damaged to the point of being unusable for creating an electronic database for analysis. However, the lack of more historical data significantly impacted the data available for our analysis.

One of the greatest drawbacks of reviewing industry results using state closed claim databases is that while a tremendous amount of information is readily available, some important questions cannot be analyzed in sufficient detail. The most significant group of questions we struggle with in this study was claim frequencies per physician. Claim trends are a valuable measure of claim frequency trends; however, they do not reflect changes in the number of physicians by year. Claim counts alone also do not reflect changes in demographics by other characteristics such as specialty or county. We received data from the Michigan Board of Medicine and Surgery. Unfortunately, it only contained current licensees. If this data was captured over the same period of years as the closed claims data, then accurate claim frequencies per licensed physician could be computed. This would provide a clearer picture of changes in claims frequency per physician.

LEGAL DISCLOSURES

Distribution and Use

This report is being provided for the use of the Michigan Office of Financial and Insurance Services (OFIS). It is understood that OFIS is also expected to distribute this report to the various policy makers and stakeholders in the state, potentially including the Governor and the Michigan Legislature. This distribution as well as any further distribution to the makers of public policy and the various stakeholders in the healthcare industry in the State of Michigan is hereby granted.

When this report is distributed, the report should be distributed in its entirety. All recipients of this report should be aware that Pinnacle is available to answer any questions regarding the report. These third parties should recognize that the furnishing of this report is not a substitute for their own due diligence and should place no reliance on this report or the data, computations, interpretations contained herein that would result in the creation of any duty or liability by Pinnacle to the third party.

Any reference to Pinnacle in relation to this report in any accounts, reports or other public documents or any verbal references are not authorized without our prior written consent.

Reliances and Limitations

Judgments as to conclusions, recommendations, methods, and data contained in this report should be made only after studying the report in its entirety. Furthermore, Pinnacle is available to explain any matter presented herein, and it is assumed that the user of this report will seek such explanation as to any matter in question. It should be understood that the exhibits, graphs and figures are integral elements of the report.

We have relied upon a great deal of publicly available data and information, without audit or verification. However, we did review as many elements of this data and information as practical for reasonableness and consistency with our knowledge of the insurance industry. We have not anticipated any extraordinary changes to the legal, social or economic environment.

Pinnacle is not qualified to provide formal legal interpretations of current or proposed state legislation. The elements of this report that require legal interpretation should be recognized as reasonable interpretations of the available statutes, regulations, and administrative rules. State governments and courts are also constantly in the process of changing and reinterpreting these statutes.

Michigan Office of Financial and Insurance Services
Analysis of Form A (Initial Report of Court or Arbitration)
Count of Actions Filed by Complaint Year Filed and Incident Year

Year Complaint Filed	Action Filed	Percent of Total	Annual Trend
Prior	4	0.07%	
1996	11	0.19%	
1997	11	0.19%	
1998	57	0.97%	
1999	259	4.41%	
2000	1,142	19.44%	
2001	998	16.99%	-12.61%
2002	800	13.62%	-19.84%
2003	568	9.67%	-29.00%
2004	715	12.17%	25.88%
2005	555	9.45%	-22.38%
Blank	755	12.85%	
Total	5,875	100.00%	-13.19%

Year of Incident	Action Filed	Percent of Total
Prior	335	5.70%
1996	117	1.99%
1997	526	8.95%
1998	1,055	17.96%
1999	979	16.66%
2000	831	14.14%
2001	674	11.47%
2002	768	13.07%
2003	434	7.39%
2004	123	2.09%
2005	11	0.19%
Blank	22	0.37%
Total	5,875	100.00%

Source: Initial Report of Court or Arbitration Action, Form A

Michigan Office of Financial and Insurance Services

Exhibit 2

Analysis of Form A (Initial Report of Court or Arbitration)

Count of Actions Filed by Report Lag
by Profession

Report Lag	Allopathic Physician		Hospital (only)		Professional Corporation		Clinic		HMO		Chiropactor		Nurse		Dentist		Podiatrist		Osteopathic Physician		Other		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
<1 yr	58	1.98%	8	2.88%	6	1.36%	1	10.00%	-	0.00%	1	7.14%	-	0.00%	28	11.52%	-	0.00%	9	1.56%	9	2.12%		120	2.41%
1-2 yrs	452	15.47%	57	20.50%	70	15.91%	3	30.00%	13	24.07%	1	7.14%	4	26.67%	68	27.98%	-	0.00%	90	15.60%	71	16.71%		829	16.62%
2 - 4 yrs	2,188	74.88%	191	68.71%	330	75.00%	5	50.00%	34	62.96%	12	85.71%	10	66.67%	113	46.50%	9	100.00%	417	72.27%	322	75.76%		3,631	72.81%
5 - 9 yrs	137	4.69%	12	4.32%	29	6.59%	1	10.00%	4	7.41%	-	0.00%	-	0.00%	22	9.05%	-	0.00%	40	6.93%	21	4.94%		266	5.33%
10 - 14 yrs	50	1.71%	5	1.80%	4	0.91%	-	0.00%	3	5.56%	-	0.00%	1	6.67%	7	2.88%	-	0.00%	9	1.56%	2	0.47%		81	1.62%
15 + yrs	37	1.27%	5	1.80%	1	0.23%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	5	2.06%	-	0.00%	12	2.08%	-	0.00%		60	1.20%
Blank																							878	878	
Total	2,922		278		440		10		54		14		15		243		9		577		425		878	5,865	

Source: Initial Report of Court or Arbitration Action, Form A
Report Lag is calculated as the difference between Report Year and Incident Year.

Exhibit 3

Michigan Office of Financial and Insurance Services

Analysis of Form A (Initial Report of Court or Arbitration)

Count of Actions Filed by Report Year/Year Complaint Filed
By County

County	Year Complaint Filed												2000-05 Trend
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Blank	Total	
Alcona	-	-	-	1	-	2	1	-	1	-		5	
Alger	-	-	-	-	2	-	-	1	1	2		6	
Allegan	-	-	1	1	2	1	-	1	11	1		18	
Aplena	-	-	-	-	-	5	7	5	8	5		30	
Antrim	-	-	-	1	-	-	-	1	-	2		4	
Arenac	-	-	-	-	-	-	-	1	1	1		3	
Baraga	-	-	-	-	-	1	-	-	-	-		1	
Barry	-	-	-	1	3	-	-	-	-	2		6	
Bay	-	-	-	3	17	6	16	7	2	10		61	-17.6%
Benzie	-	-	-	1	-	2	-	-	-	-		3	
Berrien	-	-	5	3	19	11	16	6	17	12		89	-5.5%
Branch	-	-	-	-	2	3	-	-	1	1		7	
Calhoun	-	-	1	4	29	27	22	9	16	15		123	-15.2%
Cass	-	-	-	-	1	1	-	1	-	-		3	
Charlevoix	-	-	-	-	-	2	-	-	-	-		2	
Cheboygan	-	-	-	1	-	3	2	4	-	-		10	
Chippewa	-	-	-	-	2	3	1	-	-	5		11	
Clare	-	-	-	1	-	-	-	-	1	-		2	
Clinton	-	-	-	-	1	1	-	-	-	-		2	
Crawford	-	-	-	-	1	1	3	2	2	5		14	32.0%
Delta	-	-	-	-	2	3	1	-	2	1		9	
Dickinson	-	-	-	-	8	1	10	-	1	6		26	
Eaton	-	-	-	2	8	4	1	6	3	1		25	-23.7%
Emmet	-	-	1	1	4	17	4	4	10	-		41	
Genesee	1	1	3	17	66	57	31	33	58	26		293	-12.2%
Gladwin	-	-	-	-	-	-	2	1	-	5		8	
Gogebic	-	-	-	-	-	2	-	-	-	-		2	
Grand Traverse	-	-	-	1	5	19	17	7	6	2		57	-22.5%
Gratiot	-	-	-	-	2	7	2	5	-	-		16	
Hillsdale	-	-	1	1	11	10	1	-	6	1		31	
Houghton	-	-	-	-	1	-	1	-	4	3		9	
Huron	-	-	-	1	8	1	2	2	2	-		16	
Ingham	1	-	1	26	66	53	24	9	15	16		211	-28.7%
Ionia	-	-	-	-	1	1	5	3	1	2		13	8.8%
Iosco	-	-	-	1	-	1	-	-	-	2		4	
Iron	-	-	-	-	3	-	3	-	-	1		7	
Isabella	-	-	-	1	-	3	2	2	2	2		12	
Jackson	-	-	-	7	27	16	11	15	7	7		90	-22.5%
Kalamazoo	-	-	-	11	67	34	34	26	14	22		208	-21.6%
Kalkaska	-	-	-	-	-	-	-	-	-	1		1	
Kent	-	-	3	9	27	38	21	13	23	23		157	-7.7%
Keweenaw	-	-	-	-	-	-	1	-	-	-		1	
Lake	-	-	-	-	-	-	-	-	-	1		1	
Lapeer	-	1	1	1	7	3	4	3	3	6		29	-3.0%
Leelanau	-	-	-	-	-	-	-	-	-	-		-	
Lenawee	-	-	1	1	18	11	10	6	6	3		56	-27.6%
Livingston	-	-	-	-	8	4	10	10	11	4		47	-1.2%
Luce	-	-	-	-	-	-	-	-	-	-		-	
Mackinac	-	-	-	-	-	-	-	1	3	-		4	
Macomb	3	2	2	22	59	45	38	18	29	27		245	-15.7%
Manistee	-	-	-	-	6	2	1	-	2	-		11	
Marquette	-	-	1	3	21	17	8	7	8	14		79	-11.9%
Mason	-	-	-	-	2	-	1	-	1	1		5	
Mecosta	-	-	-	1	7	3	1	2	1	1		16	-29.7%
Menominee	-	-	-	-	-	-	-	-	-	-		-	

Michigan Office of Financial and Insurance Services

Analysis of Form A (Initial Report of Court or Arbitration)

Count of Actions Filed by Report Year/Year Complaint Filed
By County

County	Year Complaint Filed												2000-05 Trend
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Blank	Total	
Midland	2	-	-	-	9	3	5	14	7	3		43	-5.3%
Missaukee	-	-	-	-	-	-	-	-	-	1		1	
Monroe	-	-	-	6	4	4	7	4	4	5		34	1.6%
Montcalm	-	-	-	4	4	3	2	3	1	-		17	
Montmorency	-	-	-	-	1	1	-	-	-	-		2	
Muskegon	1	-	2	6	14	24	9	10	12	6		84	-16.3%
Newaygo	-	-	-	-	-	-	-	-	-	-		-	
Oakland	2	3	16	30	182	155	131	74	79	58		730	-21.1%
Oceana	-	-	-	-	-	-	-	-	1	-		1	
Ogemaw	-	-	-	1	4	8	8	10	18	8		57	19.1%
Ontonagon	-	-	-	-	-	-	-	-	-	-		-	
Osceola	-	-	-	1	4	2	2	1	1	-		11	
Oscoda	-	-	-	-	-	-	-	-	-	1		1	
Otsego	-	1	-	3	2	4	-	1	-	4		15	
Ottawa	-	-	-	1	3	13	5	1	6	6		35	-1.3%
Presque Isle	-	-	-	-	-	-	-	-	-	-		-	
Roscommon	-	-	-	-	-	-	1	-	-	1		2	
Saginaw	-	-	1	3	35	50	39	29	35	42		234	-1.3%
St. Clair	-	-	1	1	8	9	14	7	17	9		66	5.3%
St. Joseph	-	-	-	1	3	1	1	3	-	-		9	
Sanilac	-	-	-	2	8	4	3	1	-	1		19	
Schoolcraft	-	-	-	4	3	3	6	-	-	-		16	
Shiawassee	-	-	-	-	7	8	2	1	1	5		24	-21.8%
Tuscola	-	-	-	-	4	-	5	-	2	-		11	
Van Buren	-	-	1	-	5	3	1	1	2	2		15	-15.3%
Washtenaw	-	1	2	22	72	56	50	54	32	34		323	-14.2%
Wayne	1	2	12	51	245	214	167	120	203	94		1,109	-14.0%
Wexford	-	-	-	-	4	8	2	1	9	3		27	-5.0%
Blank											859	859	
Total	11	11	56	259	1,134	994	774	546	709	522	859	5,875	-13.9%

Source: Initial Report of Court or Arbitration Action, Form A

Michigan Office of Financial and Insurance Services
Analysis of Form A (Initial Report of Court or Arbitration)

Exhibit 4

Count of Actions Filed by Report Year/Year Complaint Filed
By District Court Region

	Year Complaint Filed												
County	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Blank	Total	Trend
Region I	7	9	36	149	636	540	438	310	422	253		2,800	-15.02%
Region II	2	-	16	74	313	254	166	117	150	122		1,214	-17.28%
Region III	2	1	2	21	120	106	103	85	81	92		613	-6.43%
Region IV	-	1	2	15	65	94	67	34	56	55		389	-8.39%
Blank											859	859	
Total	11	11	56	259	1,134	994	774	546	709	522	859	5,875	-13.91%

Source: Initial Report of Court or Arbitration Action, Form A

Michigan Office of Financial and Insurance Services
Analysis of Form A (Initial Report of Court or Arbitration)
Count of Actions Filed by Report Year/Year Complaint Filed
By Court Type

Exhibit 5

	Year Complaint Filed												
Court	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Blank	Total	Trend
Circuit	10	9	44	192	978	941	725	517	681	502		4,599	-12.42%
District	1	-	11	13	30	38	39	38	23	47		240	2.06%
Blank											1,036	1,036	
Total	11	9	55	205	1,008	979	764	555	704	549	1,036	5,875	-11.68%

Source: Initial Report of Court or Arbitration Action, Form A

Michigan Office of Financial and Insurance Services

Exhibit 6

Analysis of Form A (Initial Report of Court or Arbitration)

Count of Actions Filed by Report Year/Year Complaint Filed

By Profession

	Year Complaint Filed									
County	1999	2000	2001	2002	2003	2004	2005	Blank	Total	Trend
Allopathic Physician	127	628	558	473	357	436	312		2891	-12.11%
Hospital (only)	39	117	68	13	10	17	9		273	-38.91%
Professional Corp	15	50	45	33	72	117	103		435	23.05%
Clinic	2	0	3	3	0	1	0		9	
HMO	1	2	7	12	8	14	10		54	32.02%
Chiropactor	1	4	2	2	3	1	1		14	-21.80%
Nurse	0	1	3	1	1	1	7		14	20.18%
Dentist	15	56	69	31	28	26	17		242	-22.65%
Podiatrist	1	2	1	0	4	1	1		10	
Osteopathis Physician	34	120	90	91	74	85	72		566	-8.04%
Other	18	146	125	116	6	4	9		424	-54.05%
Blank								943	943	
Total	253	1,126	971	775	563	703	541	943	5,875	-13.20%

Source: Initial Report of Court or Arbitration Action, Form A

Michigan Office of Financial and Insurance Services
Analysis of Form A (Initial Report of Court or Arbitration)
Count of Actions Filed by Report Year/Year Complaint Filed
By Injury

	Year Complaint Filed									
County	1999	2000	2001	2002	2003	2004	2005	Blank	Total	Trend
Anesthesia Accident	2	5	17	10	6	22	11		73	12.77%
Blood Transfusion	1	-	-	-	-	1	-		2	
Consent Issues	-	3	3	4	8	2	7		27	11.19%
Delay in Diagnosis	85	342	328	263	153	229	181		1,581	-12.82%
Delayed/Refused Treatment	10	60	37	33	43	29	20		232	-15.66%
Equipment Failure	1	5	5	1	1	2	3		18	-14.06%
Fall	-	9	13	6	4	5	3		40	-22.15%
Medication Error	2	27	21	25	10	25	21		131	-4.60%
Misdiagnosis	20	49	44	20	46	17	24		220	-14.76%
Misidentification	-	2	-	-	-	-	-		2	
Surgery - Technique	34	159	125	107	61	58	60		604	-19.84%
Surgery - Unnecessary	-	16	11	12	3	10	2		54	-29.17%
Treatment	77	334	291	213	186	234	141		1,476	-13.56%
Treatment - Unnecessary	2	9	5	2	-	-	-		18	
Vicarious Liability	1	7	4	14	9	24	21		80	34.70%
Obstetrical Procedure	7	41	30	24	10	15	26		153	-13.89%
All Other	13	50	38	33	10	15	15		174	-24.86%
Blank								990	990	
Total	255	1,118	972	767	550	688	535	990	5,875	-13.45%

Source: Initial Report of Court or Arbitration Action, Form A

Michigan Office of Financial and Insurance Services

Exhibit 8

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Incident Year

	Closure Year								
	1999	2000	2001	2002	2003	2004	2005	Blank	Total
Prior	21	48	32	15	20	31	11		178
1990	1	5	5	6	1	4	5		27
1991	2	17	9	7	4	3	2		44
1992	5	24	23	16	1	2	3		74
1993	9	31	25	22	1	3	3		94
1994	10	96	54	20	6	7	6		199
1995	37	223	111	45	13	12	2		443
1996	56	386	249	78	22	13	5		809
1997	34	369	416	174	41	28	22		1084
1998	14	108	270	301	95	103	49		940
1999	5	37	98	256	170	198	66		830
2000	0	10	33	97	190	282	167		779
2001	0	0	9	36	73	273	227		618
2002	0	0	0	3	40	108	189		340
2003	0	0	0	0	4	46	54		104
2004	0	0	0	0	0	11	16		27
2005	0	0	0	0	0	0	2		2
Blank								2	2
Total	194	1354	1334	1076	681	1124	829	2	6594

PINNACLE ACTUARIAL RESOURCES, INC.

Michigan Office of Financial and Insurance Services

Exhibit 9

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Coverage Type

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total		Trend
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%	
HPL/PHY (occurrence)	75	39.89%	270	20.39%	200	15.28%	301	28.58%	279	43.19%	369	35.55%	185	24.03%		1,679	25.46%	-0.37%
HPL/PHY (claims made)	111	59.04%	1,012	76.44%	1,054	80.52%	703	66.76%	351	54.33%	606	58.38%	470	61.04%		4,307	65.32%	-16.21%
HPL Self-Insurance (occurrence)	-	0.00%	17	1.28%	10	0.76%	5	0.47%	2	0.31%	10	0.96%	9	1.17%		53	0.80%	-11.04%
HPL Self-Insurance (claims made)	2	1.06%	25	1.89%	45	3.44%	44	4.18%	14	2.17%	53	5.11%	106	13.77%		289	4.38%	20.64%
Blank															266	266		
Total	188		1,324		1,309		1,053		646		1,038		770		266	6,594		-10.53%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Defendant Type

Exhibit 10

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
Primary	130	69.89%	878	67.90%	896	70.50%	704	67.76%	388	59.06%	602	56.37%	480	61.54%		4,078	64.79%
Secondary	56	30.11%	415	32.10%	375	29.50%	335	32.24%	269	40.94%	466	43.63%	300	38.46%		2,216	35.21%
Blank															300	300	
Total	186		1,293		1,271		1,039		657		1,068		780		300	6,594	

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 11

Closed Claim Analysis

Count of Closed Claims by Report Lag

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%	
<1 yr	31	16.23%	199	14.72%	176	13.23%	122	11.35%	71	10.47%	137	12.20%	101	12.26%		838	12.75%	
1 yr	51	26.70%	404	29.88%	387	29.10%	316	29.40%	183	26.99%	281	25.02%	224	27.18%		1,848	28.11%	
2-4 yrs	82	42.93%	668	49.41%	679	51.05%	560	52.09%	372	54.87%	622	55.39%	436	52.91%		3,423	52.07%	
5-9 yrs	9	4.71%	35	2.59%	60	4.51%	58	5.40%	29	4.28%	35	3.12%	36	4.37%		262	3.99%	
10-14 yrs	10	5.24%	16	1.18%	15	1.13%	10	0.93%	11	1.62%	10	0.89%	12	1.46%		84	1.28%	
>15 yrs	8	4.19%	30	2.22%	13	0.98%	9	0.84%	12	1.77%	38	3.38%	15	1.82%		125	1.90%	
Blank															15	15		
Total	191		1,352		1,330		1,075		678		1,123		824		15	6,588		

Source: Closed Claim Reporting Form, Form B

Report Lag is calculated as the difference between Report Year and Incident Year.

Michigan Office of Financial and Insurance Services

Exhibit 12

Closed Claim Analysis

Count of Closed Claims by Closure Lag

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
<1 yr	5	2.58%	10	0.74%	9	0.67%	3	0.28%	4	0.59%	11	0.98%	2	0.24%		44	0.67%
1 yr	14	7.22%	37	2.73%	33	2.47%	36	3.35%	40	5.87%	46	4.09%	16	1.93%		222	3.37%
2-4 yrs	127	65.46%	863	63.69%	784	58.77%	654	60.78%	433	63.58%	663	58.93%	470	56.69%		3,998	60.64%
5-9 yrs	27	13.92%	391	28.86%	462	34.63%	339	31.51%	177	25.99%	354	31.47%	309	37.27%		2,061	31.26%
10-14 yrs	13	6.70%	27	1.99%	30	2.25%	31	2.88%	11	1.62%	19	1.69%	16	1.93%		147	2.23%
>15 yrs	8	4.12%	27	1.99%	16	1.20%	13	1.21%	16	2.35%	32	2.84%	16	1.93%		128	1.94%
Blank															(6)	(6)	
Total	194		1,355		1,334		1,076		681		1,125		829		(6)	6,588	

Primary

Closure Lag is calculated as the difference between Closure Year and Incident Year.

Michigan Office of Financial and Insurance Services

Exhibit 13

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Injured Party Sex

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
Male	95	49.22%	594	44.13%	639	48.19%	490	45.88%	289	42.81%	519	46.93%	406	49.51%		3,032	46.40%
Female	98	50.78%	752	55.87%	687	51.81%	578	54.12%	386	57.19%	587	53.07%	414	50.49%		3,502	53.60%
Blank															60	60	
Total	193		1,346		1,326		1,068		675		1,106		820		60	6,594	

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 14

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Age

Age	Closure Year																Blank	Total	
	1999		2000		2001		2002		2003		2004		2005						
	#	%	#	%	#	%	#	%	#	%	#	%	#	%				#	%
0	8	4.94%	72	5.83%	95	7.83%	139	14.42%	185	29.41%	72	7.86%	31	4.60%				602	10.39%
1	4	2.47%	13	1.05%	12	0.99%	11	1.14%	4	0.64%	3	0.33%	11	1.63%				58	1.00%
2	0	0.00%	3	0.24%	6	0.49%	1	0.10%	2	0.32%	6	0.66%	1	0.15%				19	0.33%
3	0	0.00%	7	0.57%	5	0.41%	2	0.21%	0	0.00%	3	0.33%	3	0.45%				20	0.35%
4	1	0.62%	3	0.24%	1	0.08%	2	0.21%	3	0.48%	1	0.11%	5	0.74%				16	0.28%
5	0	0.00%	5	0.41%	3	0.25%	2	0.21%	2	0.32%	3	0.33%	5	0.74%				20	0.35%
6	0	0.00%	1	0.08%	5	0.41%	2	0.21%	1	0.16%	3	0.33%	0	0.00%				12	0.21%
7	0	0.00%	2	0.16%	2	0.16%	7	0.73%	0	0.00%	1	0.11%	1	0.15%				13	0.22%
8	0	0.00%	1	0.08%	0	0.00%	0	0.00%	0	0.00%	3	0.33%	0	0.00%				4	0.07%
9	0	0.00%	2	0.16%	1	0.08%	3	0.31%	0	0.00%	1	0.11%	0	0.00%				7	0.12%
10		0.00%	4	0.32%	3	0.25%	1	0.10%		0.00%	1	0.11%		0.00%				9	0.16%
11		0.00%	1	0.08%	3	0.25%		0.00%	1	0.16%	1	0.11%	4	0.59%				10	0.17%
12		0.00%		0.00%	3	0.25%		0.00%		0.00%	2	0.22%	2	0.30%				7	0.12%
13		0.00%	3	0.24%	2	0.16%	2	0.21%	1	0.16%	1	0.11%	2	0.30%				11	0.19%
14	2	1.23%	4	0.32%	6	0.49%		0.00%	2	0.32%	4	0.44%		0.00%				18	0.31%
15	1	0.62%	6	0.49%	4	0.33%		0.00%	4	0.64%	2	0.22%	1	0.15%				18	0.31%
16		0.00%	4	0.32%	8	0.66%	6	0.62%	1	0.16%	18	1.97%	3	0.45%				40	0.69%
17		0.00%	8	0.65%	4	0.33%	6	0.62%	3	0.48%	7	0.76%	6	0.89%				34	0.59%
18		0.00%	6	0.49%	6	0.49%	8	0.83%		0.00%	5	0.55%	2	0.30%				27	0.47%
19		0.00%	9	0.73%	7	0.58%	4	0.41%	1	0.16%	2	0.22%	2	0.30%				25	0.43%
20		0.00%	10	0.81%	4	0.33%	4	0.41%	2	0.32%	5	0.55%	4	0.59%				29	0.50%
21	1	0.62%	11	0.89%	9	0.74%	7	0.73%	4	0.64%	3	0.33%	3	0.45%				38	0.66%
22	4	2.47%	7	0.57%	9	0.74%	4	0.41%	6	0.95%	2	0.22%	1	0.15%				33	0.57%
23		0.00%	4	0.32%	6	0.49%	9	0.93%	1	0.16%	1	0.11%	7	1.04%				28	0.48%
24		0.00%	9	0.73%	12	0.99%	4	0.41%	3	0.48%	7	0.76%	10	1.48%				45	0.78%
25	4	2.47%	22	1.78%	13	1.07%	7	0.73%	3	0.48%	4	0.44%	5	0.74%				58	1.00%
26	3	1.85%	7	0.57%	14	1.15%	9	0.93%	1	0.16%	8	0.87%	4	0.59%				46	0.79%
27	6	3.70%	17	1.38%	16	1.32%	4	0.41%	2	0.32%	12	1.31%	9	1.34%				66	1.14%
28	2	1.23%	17	1.38%	12	0.99%	8	0.83%	1	0.16%	10	1.09%	8	1.19%				58	1.00%
29	5	3.09%	17	1.38%	12	0.99%	16	1.66%	6	0.95%	16	1.75%	6	0.89%				78	1.35%
30	5	3.09%	20	1.62%	13	1.07%	15	1.56%	3	0.48%	19	2.07%	12	1.78%				87	1.50%
31	2	1.23%	24	1.94%	18	1.48%	8	0.83%	10	1.59%	14	1.53%	6	0.89%				82	1.42%
32	3	1.85%	25	2.03%	18	1.48%	7	0.73%	8	1.27%	10	1.09%	22	3.26%				93	1.61%
33	2	1.23%	22	1.78%	21	1.73%	15	1.56%	9	1.43%	3	0.33%	15	2.23%				87	1.50%
34	4	2.47%	22	1.78%	20	1.65%	19	1.97%	10	1.59%	9	0.98%	6	0.89%				90	1.55%
35	2	1.23%	18	1.46%	25	2.06%	15	1.56%	10	1.59%	10	1.09%	15	2.23%				95	1.64%
36	5	3.09%	33	2.67%	21	1.73%	13	1.35%	13	2.07%	17	1.86%	3	0.45%				105	1.81%
37	2	1.23%	17	1.38%	20	1.65%	11	1.14%	6	0.95%	10	1.09%	4	0.59%				70	1.21%
38	2	1.23%	35	2.84%	24	1.98%	19	1.97%	4	0.64%	20	2.18%	13	1.93%				117	2.02%
39	3	1.85%	33	2.67%	27	2.23%	28	2.90%	13	2.07%	11	1.20%	11	1.63%				126	2.18%
40	2	1.23%	22	1.78%	30	2.47%	22	2.28%	8	1.27%	23	2.51%	8	1.19%				115	1.99%
41	5	3.09%	30	2.43%	30	2.47%	18	1.87%	17	2.70%	7	0.76%	18	2.67%				125	2.16%
42	2	1.23%	35	2.84%	23	1.90%	33	3.42%	12	1.91%	18	1.97%	9	1.34%				132	2.28%
43	2	1.23%	19	1.54%	25	2.06%	18	1.87%	11	1.75%	22	2.40%	19	2.82%				116	2.00%
44	3	1.85%	25	2.03%	15	1.24%	25	2.59%	7	1.11%	14	1.53%	12	1.78%				101	1.74%
45	1	0.62%	33	2.67%	24	1.98%	12	1.24%	8	1.27%	19	2.07%	16	2.37%				113	1.95%
46	1	0.62%	14	1.13%	25	2.06%	18	1.87%	14	2.23%	4	0.44%	19	2.82%				95	1.64%
47	6	3.70%	22	1.78%	26	2.14%	19	1.97%	7	1.11%	14	1.53%	16	2.37%				110	1.90%
48	2	1.23%	19	1.54%	18	1.48%	14	1.45%	10	1.59%	19	2.07%	9	1.34%				91	1.57%
49	6	3.70%	26	2.11%	31	2.56%	18	1.87%	8	1.27%	18	1.97%	16	2.37%				123	2.12%
50	4	2.47%	25	2.03%	25	2.06%	15	1.56%	9	1.43%	17	1.86%	11	1.63%				106	1.83%
51	3	1.85%	13	1.05%	21	1.73%	19	1.97%	12	1.91%	16	1.75%	14	2.08%				98	1.69%
52	5	3.09%	26	2.11%	24	1.98%	16	1.66%	6	0.95%	16	1.75%	9	1.34%				102	1.76%
53	2	1.23%	17	1.38%	16	1.32%	14	1.45%	7	1.11%	8	0.87%	9	1.34%				73	1.26%
54	3	1.85%	19	1.54%	18	1.48%	12	1.24%	4	0.64%	15	1.64%	9	1.34%				80	1.38%
55	1	0.62%	22	1.78%	20	1.65%	11	1.14%	12	1.91%	11	1.20%	13	1.93%				90	1.55%
56	2	1.23%	25	2.03%	31	2.56%	15	1.56%	9	1.43%	16	1.75%	10	1.48%				108	1.86%
57		0.00%	12	0.97%	21	1.73%	12	1.24%	12	1.91%	17	1.86%	18	2.67%				92	1.59%
58	1	0.62%	14	1.13%	24	1.98%	13	1.35%	9	1.43%	14	1.53%	19	2.82%				94	1.62%
59	2	1.23%	10	0.81%	14	1.15%	15	1.56%	9	1.43%	17	1.86%	9	1.34%				76	1.31%
60	2	1.23%	17	1.38%	9	0.74%	8	0.83%	8	1.27%	11	1.20%	12	1.78%				67	1.16%

Michigan Office of Financial and Insurance Services

Exhibit 14

Closed Claim Analysis

Count of Closed Claim s by Closure Year
By Age

61	2	1.23%	12	0.97%	10	0.82%	9	0.93%	7	1.11%	5	0.55%	7	1.04%	52	0.90%
62	2	1.23%	25	2.03%	20	1.65%	23	2.39%	7	1.11%	13	1.42%	7	1.04%	97	1.67%
63	3	1.85%	14	1.13%	19	1.57%	20	2.07%	6	0.95%	7	0.76%	9	1.34%	78	1.35%
64		0.00%	22	1.78%	12	0.99%	5	0.52%	7	1.11%	14	1.53%	6	0.89%	66	1.14%
65	4	2.47%	14	1.13%	12	0.99%	7	0.73%	3	0.48%	14	1.53%	14	2.08%	68	1.17%
66	3	1.85%	13	1.05%	11	0.91%	5	0.52%	6	0.95%	12	1.31%	5	0.74%	55	0.95%
67	2	1.23%	12	0.97%	16	1.32%	14	1.45%	2	0.32%	5	0.55%	14	2.08%	65	1.12%
68	1	0.62%	14	1.13%	16	1.32%	5	0.52%	7	1.11%	14	1.53%		0.00%	57	0.98%
69	1	0.62%	10	0.81%	11	0.91%	8	0.83%	9	1.43%	13	1.42%	5	0.74%	57	0.98%
70		0.00%	2	0.16%	12	0.99%	6	0.62%	7	1.11%	18	1.97%	8	1.19%	53	0.92%
71	3	1.85%	20	1.62%	13	1.07%	16	1.66%	5	0.79%	17	1.86%	3	0.45%	77	1.33%
72		0.00%	7	0.57%	6	0.49%	9	0.93%	5	0.79%	48	5.24%	11	1.63%	86	1.48%
73	2	1.23%	17	1.38%	11	0.91%	6	0.62%	9	1.43%	11	1.20%	7	1.04%	63	1.09%
74	2	1.23%	18	1.46%	14	1.15%	6	0.62%	5	0.79%	8	0.87%	4	0.59%	57	0.98%
75	1	0.62%	6	0.49%	10	0.82%	16	1.66%	2	0.32%	10	1.09%	4	0.59%	49	0.85%
76	2	1.23%	15	1.22%	4	0.33%	7	0.73%		0.00%	10	1.09%	3	0.45%	41	0.71%
77		0.00%	3	0.24%	7	0.58%	4	0.41%	1	0.16%	5	0.55%	1	0.15%	21	0.36%
78	1	0.62%	9	0.73%	2	0.16%	4	0.41%	4	0.64%	9	0.98%	6	0.89%	35	0.60%
79	5	3.09%	6	0.49%	10	0.82%	7	0.73%		0.00%	5	0.55%	7	1.04%	40	0.69%
80		0.00%	6	0.49%	7	0.58%	4	0.41%	2	0.32%	4	0.44%	2	0.30%	25	0.43%
81	1	0.62%	4	0.32%	5	0.41%	6	0.62%	1	0.16%	5	0.55%	4	0.59%	26	0.45%
82	1	0.62%	2	0.16%	5	0.41%	4	0.41%	1	0.16%	4	0.44%	7	1.04%	24	0.41%
83		0.00%	6	0.49%	6	0.49%	2	0.21%	2	0.32%	5	0.55%	2	0.30%	23	0.40%
84		0.00%	1	0.08%	3	0.25%	1	0.10%	2	0.32%	3	0.33%	2	0.30%	12	0.21%
85		0.00%	1	0.08%	1	0.08%	2	0.21%		0.00%	3	0.33%	7	1.04%	14	0.24%
86		0.00%	3	0.24%	1	0.08%		0.00%	2	0.32%	2	0.22%	2	0.30%	10	0.17%
87		0.00%		0.00%	3	0.25%	1	0.10%	2	0.32%	4	0.44%	7	1.04%	17	0.29%
88		0.00%	1	0.08%		0.00%		0.00%		0.00%	1	0.11%		0.00%	2	0.03%
89		0.00%	1	0.08%	1	0.08%		0.00%		0.00%	1	0.11%		0.00%	3	0.05%
90		0.00%	1	0.08%		0.00%	2	0.21%		0.00%		0.00%		0.00%	3	0.05%
91		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	1	0.15%	1	0.02%
92		0.00%		0.00%	4	0.33%		0.00%	1	0.16%		0.00%		0.00%	5	0.09%
94		0.00%		0.00%	1	0.08%		0.00%		0.00%		0.00%		0.00%	1	0.02%
98		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	1	0.15%	1	0.02%
Blank															802	802	
Total	162		1234		1213		964		629		916		674		802	6594	

0

Michigan Office of Financial and Insurance Services

Exhibit 15

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Medical Expense Payor

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
Medicare	5	2.60%	80	5.97%	76	5.77%	37	3.52%	23	3.44%	51	4.59%	18	2.21%		290	4.46%
Medicaid	7	3.65%	70	5.22%	46	3.49%	48	4.56%	16	2.39%	31	2.79%	10	1.23%		228	3.51%
Health Insurance	50	26.04%	372	27.76%	322	24.43%	208	19.77%	61	9.12%	162	14.58%	129	15.87%		1,304	20.08%
Other	11	5.73%	114	8.51%	114	8.65%	69	6.56%	19	2.84%	16	1.44%	10	1.23%		353	5.43%
Unknown	119	61.98%	704	52.54%	760	57.66%	690	65.59%	550	82.21%	851	76.60%	646	79.46%		4,320	66.51%
Blank															99	99	
Total	192		1,340		1,318		1,052		669		1,111		813		99	6,594	

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 16

Closed Claim Analysis

Count of Closed Claims by Closure Year
By District Court Region

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total		Trend
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%	
Region I	117	63.24%	733	57.58%	724	56.17%	587	57.83%	316	50.80%	586	58.48%	440	60.61%		3,503	57.31%	-10.30%
Region II	31	16.76%	318	24.98%	327	25.37%	243	23.94%	142	22.83%	201	20.06%	140	19.28%		1,402	22.94%	-15.99%
Region III	15	8.11%	130	10.21%	132	10.24%	96	9.46%	60	9.65%	104	10.38%	98	13.50%		635	10.39%	-7.15%
Region IV	22	11.89%	92	7.23%	106	8.22%	89	8.77%	104	16.72%	111	11.08%	48	6.61%		572	9.36%	-8.11%
Blank															482	482		
Total	185		1,273		1,289		1,015		622		1,002		726		482	6,594		-10.94%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 17

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Claim Resolution

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
Mediation	18	9.33%	80	5.98%	52	3.95%	27	2.55%	34	5.66%	118	11.69%	40	5.33%		369	5.89%
Settled by Parties	169	87.56%	1,174	87.81%	1,168	88.62%	961	90.92%	506	84.19%	740	73.34%	587	78.16%		5,305	84.66%
Trial Verdict	5	2.59%	68	5.09%	76	5.77%	50	4.73%	52	8.65%	142	14.07%	117	15.58%		510	8.14%
Arbitration	1	0.52%	15	1.12%	22	1.67%	19	1.80%	9	1.50%	9	0.89%	7	0.93%		82	1.31%
Blank															328	328	
Total	193		1,337		1,318		1,057		601		1,009		751			6,594	

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 18

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Injury

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
Anesthesia Accident	2	1.04%	15	1.11%	23	1.73%	20	1.86%	13	1.92%	17	1.54%	16	1.96%		106	1.62%
Blood Transfusion	-	0.00%	1	0.07%	-	0.00%	2	0.19%	-	0.00%	1	0.09%	2	0.25%		6	0.09%
Consent Issues	2	1.04%	5	0.37%	8	0.60%	4	0.37%	7	1.04%	12	1.09%	2	0.25%		40	0.61%
Delay in Diagnosis	42	21.76%	376	27.79%	378	28.42%	277	25.82%	144	21.30%	242	21.98%	195	23.90%		1,654	25.28%
Delayed/Refused Treatment	10	5.18%	50	3.70%	31	2.33%	43	4.01%	26	3.85%	20	1.82%	20	2.45%		200	3.06%
Equipment Failure	-	0.00%	3	0.22%	7	0.53%	6	0.56%	2	0.30%	-	0.00%	2	0.25%		20	0.31%
Fall	7	3.63%	17	1.26%	14	1.05%	11	1.03%	3	0.44%	10	0.91%	3	0.37%		65	0.99%
Medication Error	5	2.59%	25	1.85%	36	2.71%	18	1.68%	12	1.78%	33	3.00%	24	2.94%		153	2.34%
Misdiagnosis	25	12.95%	118	8.72%	110	8.27%	113	10.53%	70	10.36%	94	8.54%	42	5.15%		572	8.74%
Misidentification	-	0.00%	-	0.00%	3	0.23%	-	0.00%	-	0.00%	5	0.45%	-	0.00%		8	0.12%
Surgery - Technique	16	8.29%	157	11.60%	212	15.94%	156	14.54%	95	14.05%	143	12.99%	106	12.99%		885	13.53%
Surgery - Unnecessary	9	4.66%	16	1.18%	23	1.73%	17	1.58%	3	0.44%	15	1.36%	5	0.61%		88	1.35%
Treatment	46	23.83%	360	26.61%	310	23.31%	245	22.83%	208	30.77%	302	27.43%	238	29.17%		1,709	26.12%
Treatment - Unnecessary	-	0.00%	9	0.67%	4	0.30%	3	0.28%	9	1.33%	10	0.91%	4	0.49%		39	0.60%
Vicarious Liability	16	8.29%	61	4.51%	60	4.51%	51	4.75%	28	4.14%	52	4.72%	39	4.78%		307	4.69%
Obstetrical Procedure	4	2.07%	32	2.37%	22	1.65%	14	1.30%	10	1.48%	14	1.27%	14	1.72%		110	1.68%
All Other	9	4.66%	108	7.98%	89	6.69%	93	8.67%	46	6.80%	131	11.90%	104	12.75%		580	8.87%
Blank															52	52	
Total	193		1,353		1,330		1,073		676		1,101		816		52	6,594	

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 19

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Incident Location

	Closure Year																	
	1999		2000		2001		2002		2003		2004		2005		Blank	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%
Critical Care	3	1.56%	13	0.97%	11	0.83%	8	0.75%	1	0.15%	36	3.24%	3	0.37%		75	1.15%
Emergency Room	4	2.08%	101	7.50%	69	5.19%	50	4.68%	48	7.16%	119	10.71%	87	10.66%		478	7.32%
Labor & Delivery	14	7.29%	62	4.61%	57	4.29%	36	3.37%	34	5.07%	63	5.67%	50	6.13%		316	4.84%
Nursery/Peds	1	0.52%	11	0.82%	10	0.75%	2	0.19%	5	0.75%	3	0.27%	1	0.12%		33	0.51%
Operating Suite	29	15.10%	197	14.64%	199	14.96%	191	17.88%	178	26.57%	255	22.95%	185	22.67%		1,234	18.89%
Patient's Room	12	6.25%	89	6.61%	86	6.47%	73	6.84%	57	8.51%	92	8.28%	83	10.17%		492	7.53%
Physical Therapy Dept.	2	1.04%	3	0.22%	5	0.38%	1	0.09%	7	1.04%	10	0.90%	7	0.86%		35	0.54%
Physician's Office	46	23.96%	292	21.69%	275	20.68%	198	18.54%	178	26.57%	344	30.96%	267	32.72%		1,600	24.49%
Radiology	7	3.65%	52	3.86%	31	2.33%	46	4.31%	24	3.58%	31	2.79%	23	2.82%		214	3.28%
Recovery Room	-	0.00%	4	0.30%	8	0.60%	15	1.40%	27	4.03%	4	0.36%	4	0.49%		62	0.95%
Special Procedure Room	6	3.13%	21	1.56%	11	0.83%	47	4.40%	62	9.25%	35	3.15%	19	2.33%		201	3.08%
Other	68	35.42%	501	37.22%	568	42.71%	401	37.55%	49	7.31%	119	10.71%	87	10.66%		1,793	27.45%
Blank															61	61	
Total	192		1,346		1,330		1,068		670		1,111		816		61	6,594	

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 20

Closed Claim Analysis

Count of Closed Claims by Closure Year
By Claim Severity

	Closure Year																					
	1999		2000		2001		2002		2003		2004		2005		Blank	Total		Trend
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		#	%	
Emotional only	4	2.15%	55	4.10%	38	2.86%	39	3.68%	18	2.71%	67	6.06%	60	7.36%		281	4.32%	3.97%
Temp. Insignificant	7	3.76%	45	3.36%	44	3.31%	43	4.06%	11	1.65%	17	1.54%	15	1.84%		182	2.80%	-24.23%
Temp. Minor	32	17.20%	191	14.24%	138	10.39%	171	16.13%	173	26.02%	202	18.26%	105	12.88%		1,012	15.57%	-5.11%
Temp. Major	12	6.45%	107	7.98%	96	7.23%	78	7.36%	44	6.62%	56	5.06%	49	6.01%		442	6.80%	-15.98%
Perm. Minor	37	19.89%	224	16.70%	261	19.65%	172	16.23%	68	10.23%	152	13.74%	100	12.27%		1,014	15.60%	-17.14%
Perm. Significant	15	8.06%	134	9.99%	149	11.22%	131	12.36%	96	14.44%	153	13.83%	153	18.77%		831	12.78%	1.24%
Perm. Major	35	18.82%	103	7.68%	90	6.78%	74	6.98%	40	6.02%	83	7.50%	50	6.13%		475	7.31%	-11.99%
Perm. Grave	4	2.15%	34	2.54%	37	2.79%	45	4.25%	32	4.81%	45	4.07%	16	1.96%		213	3.28%	-9.57%
Death	40	21.51%	448	33.41%	475	35.77%	307	28.96%	183	27.52%	331	29.93%	267	32.76%		2,051	31.55%	-11.28%
Blank															93	93		
Total	186		1,341		1,328		1,060		665		1,106		815		93	6,594		-9.53%

Source: Closed Claim Reporting Form, Form B

PINNACLE ACTUARIAL RESOURCES, INC.

Michigan Office of Financial and Insurance Services

Exhibit 21

Closed Claim Analysis

Severity of Closed Claims by Closure Year
By Coverage

Average Indemnity		Closure Year							
		1999	2000	2001	2002	2003	2004	2005	Trend
	HPL/PHY (occurrence)	40,307	52,377	46,570	67,131	47,791	53,373	49,253	-0.68%
	HPL/PPY (claims made)	95,070	68,218	61,809	65,174	54,343	54,903	37,880	-9.46%
	HPL Self-insurance (occurrence)		16,000	20,000	425,000	12,500	275	82,889	-20.80%
	HPL Self-insurance (claims made)	0	153,599	135,207	120,700	106,357	68,014	126,400	-8.64%

Average Allocated Expense		Closure Year							
		1999	2000	2001	2002	2003	2004	2005	Trend
	HPL/PHY (occurrence)	39,818	34,719	52,135	21,217	17,262	37,703	45,455	0.48%
	HPL/PPY (claims made)	23,935	28,059	30,549	28,282	31,613	45,943	56,365	14.78%
	HPL Self-insurance (occurrence)		46,819	94,023	36,006	68,000	15,507	72,555	
	HPL Self-insurance (claims made)	25,000	12,704	9,844	2,170	6,553	12,186	239,397	59.89%

Non-Economic as % of Indemnity		Closure Year						
		1999	2000	2001	2002	2003	2004	2005
	HPL/PHY (occurrence)	45.8%	70.1%	92.2%	66.4%	48.1%	46.4%	89.5%
	HPL/PPY (claims made)	51.7%	62.6%	54.0%	61.1%	58.9%	50.6%	46.6%
	HPL Self-insurance (occurrence)			75.0%				50.6%
	HPL Self-insurance (claims made)		60.7%	100.0%	100.0%			76.3%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Closed Claim Analysis

Indemnity and ALAE Severity by Closure Lag
by Closure Year

Closure Lag	1999	2000	2001	2002	2003	2004	2005	Total
<1 yr	8,201	2,605	11,160	11,195	5,576	30,470	1,000	11,167
1-2 yrs	22,494	28,319	24,654	29,647	25,302	14,268	12,148	23,434
2 - 4 yrs	66,969	94,330	94,076	66,403	120,444	75,746	61,222	85,303
5 - 9 yrs	199,496	97,577	99,734	111,770	93,457	116,788	132,713	109,652
10 - 14 yrs	6,269	160,992	77,978	106,980	71,161	80,331	102,857	99,060
15 + yrs	102,640	63,574	87,316	61,033	153,132	96,428	428,585	134,380
Total	104,535	95,198	95,098	93,485	100,613	98,047	116,374	98,819

Source: Closed Claim Reporting Form, Form B
Closure Lag is calculated as the difference between Incident Year and Closure Year.

Michigan Office of Financial and Insurance Services

Exhibit 23

Closed Claim Analysis

Severity of Closed Claims by Closure Year
By Sex

Average Indemnity

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Male	62,066	69,382	66,388	63,960	57,349	48,607	49,872	-7.41%
Female	85,204	61,847	56,334	71,532	46,240	59,767	49,457	-3.86%

Average Allocated Expense

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Male	23,661	37,387	34,944	27,087	27,779	43,440	58,765	8.76%
Female	39,623	23,170	33,309	23,839	66,964	45,296	75,871	25.27%

Non-Economic as % of Indemnity

	Closure Year						
	1999	2000	2001	2002	2003	2004	2005
Male	40.7%	57.7%	52.2%	62.8%	47.6%	46.0%	65.4%
Female	52.4%	71.0%	65.4%	60.9%	67.4%	56.4%	58.5%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 24

Closed Claim Analysis

Severity of Closed Claims by Closure Year
By Medical Expense Payor

Average Indemnity		Closure Year 1999	2000	2001	2002	2003	2004	2005	Trend
	Medicare	64,600	55,020	50,477	41,333	39,510	17,431	129,235	-1.64%
	Medicaid	231,286	172,558	66,546	36,917	85,438	141,606	40,000	-17.57%
	Health Insurance	131,912	64,272	76,507	81,310	71,956	66,742	71,297	-6.33%
	Other	94,837	36,188	71,717	45,920	19,444	99,688	138,100	6.83%
	Unknown	36,588	62,383	53,920	69,643	48,388	50,164	41,615	-0.56%

Average Allocated Expense		Closure Year 1999	2000	2001	2002	2003	2004	2005	Trend
	Medicare	38,883	22,416	28,568	30,686	32,375	15,536	390,108	25.27%
	Medicaid	40,908	30,209	27,178	36,492	54,150	22,251	45,086	1.33%
	Health Insurance	64,354	28,472	36,732	33,162	305,219	55,416	46,905	9.34%
	Other	22,527	27,234	58,955	26,336	13,362	46,913	91,672	14.59%
	Unknown	17,156	30,907	30,245	22,078	22,971	44,831	62,683	16.83%

Non-Economic as % of Indemnity		Closure Year 1999	2000	2001	2002	2003	2004	2005
	Medicare	86.1%	74.8%	55.3%	96.1%	63.7%	88.9%	100.0%
	Medicaid	24.9%	41.2%	66.5%	43.5%	69.0%	23.0%	86.1%
	Health Insurance	40.3%	63.7%	52.2%	63.2%	60.0%	57.7%	58.5%
	Other	56.0%	64.9%	59.4%	92.8%	50.0%	13.4%	79.4%
	Unknown	96.0%	76.0%	63.0%	58.2%	50.6%	58.4%	54.4%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Closed Claim Analysis

Average Indemnity and ALAE

County	Average Indemnity Paid by Defendant	Average Allocated Expense Paid by Defendant
Alcona	6,083	39,177
Alger	17,786	15,886
Allegan	10,000	14,320
Aplena	65,455	23,758
Antrim	45,714	11,882
Arenac	-	7,789
Baraga	43,559	7,012
Barry	72,182	54,291
Bay	129,597	71,088
Benzie	114,167	55,879
Berrien	78,669	68,503
Branch	43,820	36,722
Calhoun	77,070	45,207
Cass	93,000	16,124
Charlevoix	27,500	2,640
Cheboygan	14,792	20,542
Chippewa	38,411	29,775
Clare	28,250	13,098
Clinton	41,000	28,153
Crawford	52,459	23,209
Delta	44,358	15,931
Dickinson	24,714	31,176
Eaton	18,870	20,535
Emmet	57,352	23,233
Genesee	51,020	26,259
Gladwin	40,000	27,681
Gogebic	147,500	38,333
Grand Traverse	70,044	22,718
Gratiot	112,857	22,024
Hillsdale	89,441	29,131
Houghton	112,467	33,216
Huron	16,429	37,436
Ingham	66,196	28,892

Michigan Office of Financial and Insurance Services

Exhibit 25

Closed Claim Analysis

Average Indemnity and ALAE

County	Average Indemnity Paid by Defendant	Average Allocated Expense Paid by Defendant
Ionia	43,000	18,526
Iosco	39,444	27,250
Iron	20,357	64,624
Isabella	49,295	33,938
Jackson	68,168	26,160
Kalamazoo	66,150	24,043
Kent	115,637	188,622
Lake	-	11,710
Lapeer	54,098	32,006
Leelanau	23,813	15,533
Lenawee	108,337	26,546
Livingston	36,054	28,283
Luce	125,000	14,000
Mackinac	33,265	8,815
Macomb	53,289	27,789
Manistee	44,867	26,269
Marquette	57,726	17,092
Mason	62,706	52,427
Mecosta	24,225	9,782
Menominee	7,361	6,290
Midland	74,874	31,742
Missaukee	80,000	38,992
Monroe	65,201	41,044
Montcalm	50,553	24,748
Muskegon	68,340	41,464
Newaygo	25,000	26,453
Oakland	39,274	34,059
Oceana	30,000	4,840
Ogemaw	24,024	13,533
Ontonagon	101,250	9,861
Osceola	50,925	35,757
Oscoda	1	653,189
Otsego	27,406	44,376
Ottawa	44,488	33,839

Michigan Office of Financial and Insurance Services

Closed Claim Analysis

Average Indemnity and ALAE

County	Average Indemnity Paid by Defendant	Average Allocated Expense Paid by Defendant
Presque Isle	-	49
Roscommon	8,333	11,210
Saginaw	71,094	29,745
St. Clair	44,765	24,573
St. Joseph	64,483	30,081
Sanilac	96,038	25,905
Schoolcraft	69,408	24,701
Shiawassee	84,284	26,615
Tuscola	91,198	21,774
Van Buren	45,987	42,172
Washtenaw	56,488	32,816
Wayne	65,494	36,162
Wexford	63,706	31,145

Michigan Office of Financial and Insurance Services

Exhibit 26

Closed Claim Analysis

Severity of Closed Claims by Closure Year
By Resolution Type

Average Indemnity

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Mediation	27,448	51,771	56,205	81,761	44,004	95,759	115,286	15.30%
By Parties	81,201	66,351	64,306	69,613	49,228	58,074	52,127	-5.17%
Trial Verdict	0	86,438	17,810	30,182	24,451	18,520	37,872	-11.36%
Arbitration	30,000	66,400	69,239	112,319	284,589	167,222	137,857	22.94%

Average Allocated Expense

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Mediation	15,048	32,190	24,994	47,212	501,142	93,758	186,034	53.94%
By Parties	32,694	26,451	33,467	22,301	23,085	32,856	53,283	10.46%
Trial Verdict	38,438	80,349	54,765	72,676	54,829	48,540	121,218	4.12%
Arbitration	69,979	25,785	30,770	41,194	50,359	27,216	68,199	14.36%

Non-Economic as % of Indemnity

	Closure Year						
	1999	2000	2001	2002	2003	2004	2005
Mediation	100.0%	55.2%	60.2%	43.1%	67.0%	38.0%	73.9%
By Parties	47.4%	63.5%	59.4%	63.9%	56.3%	53.6%	56.5%
Trial Verdict		88.4%	21.1%	0.0%	100.0%	0.0%	100.0%
Arbitration		99.2%	21.0%	80.0%	78.2%	100.0%	51.3%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 27

Closed Claim Analysis

Severity of Closed Claims by Closure Year
By Injury Type

Average Indemnity

	Closure Year						
	1999	2000	2001	2002	2003	2004	2005	Trend
Anesthesia accident	81,250	280,965	121,877	38,172	24,423	118,647	80,096	-17.66%
Blood Transfusion		0		0		150,000	237,500	
Consent Issues	43,750	78,000	7,000	37,500	13,674	50,925	81,250	15.85%
Delay in Diagnosis	82,357	66,374	65,854	72,774	66,258	35,595	36,127	-13.26%
Delayed/Refused Treatment	56,000	58,850	166,851	90,482	33,083	43,947	110,147	-5.21%
Equipment Failure		9,642	15,500	97,000	0		0	
Fall	0	56,872	34,923	57,650	0	28,344	33,333	
Medication Error	203,000	58,604	49,944	67,433	77,414	60,258	75,511	5.79%
Misdiagnosis	27,989	90,994	71,069	59,736	58,004	56,882	75,661	-4.52%
Misidentification of Patient			102,333			30,000		
Surgery Technique	16,969	69,228	62,517	64,707	44,512	77,346	63,005	-0.59%
Surgery Unnecessary	57,333	16,875	26,448	71,094	128,333	25,587	42,500	15.72%
Treatment Technique	18,020	29,869	48,255	74,660	46,904	42,052	29,311	-2.74%
Treatment Unnecessary		63,156	33,000	20,000	83,333	12,778	61,250	-4.39%
Obstetrical Procedure	363,103	241,343	84,902	108,426	64,600	127,646	148,472	-4.81%
Vicarious Liability	51,875	43,407	48,657	9,167	17,571	37,115	0	
All Other	40,272	39,488	29,598	35,265	33,117	11,124	43,521	-6.93%

Average Allocated Expense

	Closure Year						
	1999	2000	2001	2002	2003	2004	2005	Trend
Anesthesia accident	14,092	28,571	19,907	33,585	78,699	22,466	26,563	2.46%
Blood Transfusion		38,787		199,500		18,752	55,396	
Consent Issues	20,227	33,264	9,722	11,963	6,719	30,511	16,182	-2.12%
Delay in Diagnosis	27,225	32,777	25,363	25,564	31,138	26,939	91,012	16.96%
Delayed/Refused Treatment	47,507	47,099	20,927	28,053	624,590	17,834	48,220	8.15%
Equipment Failure		12,966	15,805	18,737	25,345		14,931	
Fall	3,830	17,012	14,091	14,576	22,946	72,552	31,504	27.31%
Medication Error	41,432	27,778	24,054	23,620	57,226	14,387	29,556	-0.99%
Misdiagnosis	13,099	47,529	26,246	27,849	30,477	37,079	37,566	-0.14%
Misidentification of Patient			33,664			9,886		
Surgery Technique	17,184	24,431	28,341	25,369	34,790	40,987	28,414	6.42%
Surgery Unnecessary	17,322	16,642	24,857	22,532	30,286	18,120	22,188	2.27%
Treatment Technique	56,520	20,393	52,213	21,333	18,510	61,104	31,066	7.20%
Treatment Unnecessary		24,052	15,041	17,778	33,199	59,784	37,522	22.10%
Obstetrical Procedure	30,595	35,286	35,942	44,140	40,988	21,471	432,954	36.60%
Vicarious Liability	17,755	26,219	24,664	9,471	18,788	25,132	20,139	-1.64%
All Other	30,868	28,340	56,699	24,470	19,640	35,993	50,308	3.74%

Non-Economic as % of Indemnity

	Closure Year						
	1999	2000	2001	2002	2003	2004	2005
Anesthesia accident	50.0%	52.6%	92.1%	72.0%	100.0%	20.6%	85.1%
Blood Transfusion							
Consent Issues		65.7%	50.0%				41.2%
Delay in Diagnosis	28.5%	71.8%	57.3%	67.9%	72.1%	60.5%	68.0%
Delayed/Refused Treatment	100.0%	73.2%	90.3%	44.4%	41.2%	45.5%	0.0%
Equipment Failure		100.0%	100.0%	93.8%			
Fall		69.2%	35.5%	42.9%		87.5%	
Medication Error	66.2%	59.6%	24.3%	89.5%	100.0%	78.6%	26.7%
Misdiagnosis	67.6%	56.1%	52.0%	51.5%	66.6%	53.2%	39.1%
Misidentification of Patient			100.0%				
Surgery Technique	82.3%	77.4%	60.5%	78.7%	68.1%	46.9%	68.7%
Surgery Unnecessary	54.6%	71.1%	89.0%	88.5%	100.0%	62.2%	
Treatment Technique	28.5%	72.7%	55.6%	51.9%	44.6%	71.9%	76.4%
Treatment Unnecessary		5.6%	98.4%			100.0%	100.0%
Obstetrical Procedure	47.5%	43.3%	56.6%	32.6%	27.0%	33.1%	62.8%
Vicarious Liability	74.0%	56.4%	64.2%		100.0%	97.9%	
All Other	83.9%	86.4%	96.8%	77.0%	61.0%	73.0%	72.6%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 28

Closed Claim Analysis

Severity of Closed Claims by Closure Year
By Injury Location

Average Indemnity

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Critical Care Unit	66,667	34,487	102,955	64,286	0	166,421	300,000	
Emergency Room	85,250	98,911	85,578	39,141	59,674	112,258	42,373	-8.22%
Labor & Delivery Room	155,893	210,555	81,868	99,014	101,194	112,571	128,461	-4.18%
Nursery/Peds	0	65,455	103,174	5,000	257,428	113,333	0	
Operating Suite	40,690	82,745	69,108	44,005	44,183	59,190	63,128	-5.05%
Patients' Room	30,227	32,042	85,504	82,163	29,545	29,688	27,656	-13.14%
Physical Therapy Dept.	0	13,667	17,200	50,000	28,571	409	91,429	-6.29%
Physician's Office	130,674	47,556	51,120	96,098	57,984	33,353	50,271	-4.22%
Radiology	42,939	50,918	45,955	119,282	58,062	40,812	31,275	-9.55%
Recovery Room		179,188	121,739	116,950	19,556	78,000	75,000	-19.24%
Special Procedure Room	172,917	30,092	19,250	22,833	35,365	13,165	26,334	-3.84%
Other	34,753	54,287	53,994	62,854	54,104	19,845	9,208	-29.07%

Average Allocated Expense

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Critical Care Unit	106,667	26,646	81,203	40,654	35,022	106,687	54,566	12.92%
Emergency Room	21,526	85,833	38,159	25,447	34,637	76,140	38,007	-4.72%
Labor & Delivery Room	25,919	33,805	29,330	44,239	40,192	25,640	386,458	39.63%
Nursery/Peds	16,914	33,610	23,296	26,337	74,057	82,976	4,279	-14.45%
Operating Suite	18,699	24,231	49,539	20,666	114,679	31,659	30,658	4.52%
Patients' Room	34,244	26,487	27,346	35,845	29,837	24,819	34,361	2.39%
Physical Therapy Dept.	25,974	29,995	26,204	2,806	26,446	181,016	34,959	28.61%
Physician's Office	22,439	21,583	34,688	23,334	27,786	46,477	65,683	20.81%
Radiology	25,231	19,714	14,677	31,189	28,119	16,448	49,455	14.82%
Recovery Room	0	19,300	55,194	19,959	6,969	16,447	35,009	-4.76%
Special Procedure Room	298,555	20,183	24,074	7,871	11,111	18,097	33,517	5.96%
Other	17,713	25,233	29,607	27,324	24,963	43,876	62,691	17.49%

Non-Economic as % of Indemnity

	Closure Year						
	1999	2000	2001	2002	2003	2004	2005
Critical Care Unit	58.7%	21.4%	27.3%	44.4%	100.0%	66.7%	21.4%
Emergency Room	18.2%	51.8%	40.4%	18.8%	37.5%	53.3%	38.8%
Labor & Delivery Room	20.7%	22.6%	34.9%	47.9%	59.4%	33.8%	73.8%
Nursery/Peds	100.0%	100.0%	58.3%	100.0%	100.0%	42.3%	100.0%
Operating Suite	28.1%	28.4%	42.7%	27.5%	44.7%	30.9%	29.5%
Patients' Room	79.6%	25.6%	27.1%	41.4%	36.7%	31.8%	47.9%
Physical Therapy Dept.	100.0%	49.2%	100.0%	100.0%	100.0%	100.0%	24.5%
Physician's Office	11.6%	21.1%	39.7%	28.3%	25.0%	38.3%	49.4%
Radiology	30.0%	25.8%	19.7%	19.2%	22.1%	20.7%	56.6%
Recovery Room		100.0%	27.6%	2.7%	100.0%	45.1%	100.0%
Special Procedure Room	70.5%	22.8%	49.1%	5.3%	30.8%	32.6%	65.7%
Other	10.6%	47.3%	36.7%	19.8%	13.7%	38.2%	67.4%

Source: Closed Claim Reporting Form, Form B

Michigan Office of Financial and Insurance Services

Exhibit 29

Closed Claim Analysis

Severity of Closed Claims by Closure Year
By Injury Severity

Average Indemnity

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Emotional Only	1,333	18,558	12,255	34,744	20,588	37,558	21,080	10.43%
Temp Insignificant	4,286	4,433	8,156	223,810	5,636	2,198	2,500	-25.87%
Temp Minor	30,857	19,353	20,207	23,253	32,901	52,325	24,303	13.20%
Temp Major	70,000	26,721	51,298	34,325	50,735	36,459	67,667	12.15%
Perm Minor	25,514	49,728	42,158	49,218	43,261	41,418	44,487	-2.09%
Perm Significant	59,333	97,834	80,533	64,851	57,965	66,378	58,411	-8.92%
Perm Major	136,408	151,689	157,546	90,806	120,921	62,352	116,899	-10.28%
Perm Grave	586,965	283,122	82,220	61,337	89,279	106,292	161,733	-4.62%
Death	73,359	69,573	68,409	91,012	53,144	54,843	45,335	-9.11%

Average Allocated Expense

	Closure Year							
	1999	2000	2001	2002	2003	2004	2005	Trend
Emotional Only	5,413	18,185	15,212	19,246	14,606	113,219	16,544	16.26%
Temp Insignificant	8,247	7,622	19,705	13,940	19,615	13,326	27,948	17.57%
Temp Minor	14,379	23,944	19,530	15,991	11,110	63,981	25,506	10.55%
Temp Major	20,338	19,511	16,683	21,087	19,601	24,397	154,075	38.50%
Perm Minor	21,268	32,426	39,481	25,922	23,609	23,787	32,957	-4.28%
Perm Significant	37,420	28,164	25,845	27,707	35,530	31,340	40,353	7.79%
Perm Major	68,811	35,571	41,051	34,676	34,234	27,202	182,340	21.88%
Perm Grave	52,197	28,316	16,255	32,947	563,012	35,549	61,982	29.70%
Death	28,752	34,967	44,283	30,366	32,349	46,747	91,178	15.42%

Non-Economic as % of Indemnity

	Closure Year						
	1999	2000	2001	2002	2003	2004	2005
Emotional Only		68.3%	93.6%	100.0%		65.7%	95.3%
Temp Insignificant	66.7%	79.1%	91.9%	62.2%		5.5%	54.5%
Temp Minor	96.1%	72.5%	60.1%	65.4%	56.9%	75.2%	56.5%
Temp Major	96.8%	78.3%	77.4%	62.8%	72.9%	83.3%	31.4%
Perm Minor	69.4%	74.1%	61.4%	66.9%	88.5%	73.0%	77.4%
Perm Significant	80.4%	71.8%	44.8%	48.2%	72.0%	31.2%	45.0%
Perm Major	44.2%	71.6%	39.2%	27.4%	20.4%	34.6%	88.9%
Perm Grave	27.2%	27.9%	82.5%	86.6%	23.1%	17.8%	35.1%
Death	49.1%	67.7%	64.3%	66.8%	70.0%	60.2%	56.2%

Source: Closed Claim Reporting Form, FormB